Commonwealth of Massachusetts.

No. 1

DEPOSITION

CORRECTING RECORD RELATIVE TO A BIRTH.

(St. 1897, Chap. 444, Sect. 14.)

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

The undersigned on oath depose and say that the record relating to the birth of De Clinton Nichols (Name of child.) in the Town (City or town.) of Southborough (Name of city or town.) does not fully and correctly state all the facts relating to said birth, and that the following is a true statement of facts omitted or incorrectly stated in said record: —

Date of birth, August 13th 1846

Name of child, De Clinton

Sex, Male

Color, White

Condition (twin, &c.),

Place of birth, Southborough

Name of father, Oren Nichols

Maiden name of mother, Mary A Woodbury

Residence of parents, Southborough (at time the birth occurred.)

Occupation of father, Farmer (at time the birth occurred.)

Birthplace of father, Southborough

Birthplace of mother, Pelham N. H.

SIGNATURE.	RESIDENCE. (City or town, street and number, if any.)	Relation to child, if any.
Belinda A. N. Cloyes	Framingham Salem St.	Sister

Date, February 3d 1900.

Then personally appeared before me the person whose signature appears above and made oath that the statements subscribed to by her are true.

Henry A. McMaster Town Clerk.
(City or town.)

Recorded February 3d 1900. Of Southborough Mass.

Commonwealth of Massachusetts.

No. 1

DEPOSITION

CORRECTING RECORD RELATIVE TO A BIRTH.

(St. 1897, Chap. 444, Sect. 14.)

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

The undersigned on oath depose and say that the record relating to the birth of De Clinton Nichols (Name of child.) in the Town (City or town.) of Southborough (Name of city or town.), does not fully and correctly state all the facts relating to said birth, and that the following is a true statement of facts omitted or incorrectly stated in said record: —

Date of birth, August 13th 1846

Name of child, De Clinton

Sex, Male

Color, White

Condition (twin, &c.), ———

Place of birth, Southborough

Name of father, Orin Nichols

Maiden name of mother, Mary A Woodbury

Residence of parents, Southborough (at time the birth occurred.)

Occupation of father, Farmer (at time the birth occurred.)

Birthplace of father, Southborough

Birthplace of mother, Pelham N. H.

NATURE.	RESIDENCE. (City or town, street and number, if any.)	Relation to child, if any.
A. L. Hayes	Framingham Salem St.	Sister

Date, February 3d 1900.

Then personally appeared before me the person whose signature appears above and made oath that the statements subscribed to by her are true.

Henry A. McMaster Town Clerk.
(City or town.)

Recorded

Of Southborough. Mass.

Commonwealth of Massachusetts.

No. 45

DEPOSITION

CORRECTING RECORD RELATIVE TO A BIRTH.

(St. 1897, Chap. 444, Sect. 14.)

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

The undersigned on oath depose and say that the record relating to the birth of Elfie M Fairbanks (Name of child.) in the ____ (City or town.) of ____ (Name of city or town.), does not fully and correctly state all the facts relating to said birth, and that the following is a true statement of facts omitted or incorrectly stated in said record: —

Date of birth, June 14 - 1858

Name of child, Elfie May Fairbanks

Sex, Female

Color, Wh.

Condition (twin, &c.), ____

Place of birth, Southborough

Name of father, Joseph Fairbanks

Maiden name of mother, Betsey S ~~Fairbanks~~ Thompson

Residence of parents, Southborough (at time the birth occurred.)

Occupation of father, Farmer (at time the birth occurred.)

Birthplace of father, Billingham Mass

Birthplace of mother, Stoddard N H

SIGNATURE.	RESIDENCE. (City or town, street and number, if any.)	Relation to child, if any.
Chas. L. Fairbanks	Southborough	Brother

Date, August 23 - 1932

Then personally appeared before me the person whose signature appears above and made oath that the statements subscribed to by his are true.

____ Clerk.
(City or town.)

Recorded August 23 - '32

Of ____ Mass.

Commonwealth of Massachusetts.

No. 4

DEPOSITION

CORRECTING RECORD RELATIVE TO A BIRTH.

(St. 1897, Chap. 444, Sect. 14.)

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

The undersigned on oath depose and say that the record relating to the birth of Charlie LaForrest Fairbanks (Name of child.) in the Town (City or town.) of Southborough (Name of city or town.), does not fully and correctly state all the facts relating to said birth, and that the following is a true statement of facts omitted or incorrectly stated in said record: —

Date of birth, December 7. 1861

Name of child, Charlie LaForrest Fairbanks

Sex, male

Color, white

Condition (twin, &c.),

Place of birth, Southborough, Mass

Name of father, Joseph Fairbanks

Maiden name of mother, Betsey S. Thompson

Residence of parents, Southborough (at time the birth occurred.)

Occupation of father, Farmer (at time the birth occurred.)

Birthplace of father, Bellingham, Mass

Birthplace of mother, Stoddard, N. H.

SIGNATURE.	RESIDENCE. (City or town, street and number, if any.)	Relation to child, if any.
Charlie L. Fairbanks	Southborough	
Hattie F. Whipple.	Southborough	Sister.
Effie M. Fairbanks	Southborough	Sister.

Date, Sept. 5, 1913

Then personally appeared before me the persons whose signatures appear above and made oath that the statements subscribed to by them are true.

Chas. H. Newton Town Clerk.
(City or town.)

Recorded

Of Mass.

FORM R-7

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

N.B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office.

See reverse side for affidavit.

25m-9-'37. No. 1859-d.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH

(CITY OR TOWN MAKING THIS RETURN)

Registered No.

Deposition No. #1

1 PLACE OF BIRTH: (COUNTY) Worcester; (CITY OR TOWN) Southborough

NO. STREET WARD (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD: Addie Alice Heyde

3 Sex female 3a Color white 4 If plural Births (a) Twin, triplet or other (b) Number, in order of birth 5 Born ALIVE or STILLBORN alive 6 Date of Birth October (MONTH) 9 (DAY) 1866 (YEAR)

7 FATHER	13 MOTHER
FULL NAME: Abraham Heyde	MAIDEN NAME: Angeline Elizabeth Walker PRESENT NAME: Angeline Elizabeth Heyde
8 RESIDENCE, No. Middle Road STREET CITY OR TOWN Southborough STATE Mass.	14 RESIDENCE, No. Middle Road. STREET CITY OR TOWN Southborough STATE Mass.
9 COLOR OR RACE white 10 AGE AT LAST BIRTHDAY 55 (YEARS)	15 COLOR OR RACE white 16 AGE AT LAST BIRTHDAY 26 (YEARS)
11 PLACE OF BIRTH Sutton (CITY OR TOWN) Mass (STATE OR COUNTRY)	17 PLACE OF BIRTH Hancock (CITY OR TOWN) New Hampshire (STATE OR COUNTRY)
12 OCCUPATION Farmer	18 OCCUPATION housewife

19 ATTENDANT AT BIRTH OR INFORMANT unknown (NAME) (PHYSICIAN, PARENT OR OTHER, ETC.)

ADDRESS No. STREET (CITY OR TOWN)

20 Original return received (Month) (Day) (Year)

21 Original Record: Vol. Page No.

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the (City or town) of (Name of city or town), in accordance with the provisions of Gen. Laws, Chapter 46, Section 13, this day of 19, and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth.

(Registrar)

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts
County of Worcester } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of addie alice Hyde (Give name of child exactly as recorded on the original record) in the Town (City or town) of Southborough (Name of city or town). does not fully and correctly state all the facts relating to said birth, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by (Him or her) on the form of certificate on the other side of this blank.

SIGNATURE	RESIDENCE (City or town, street and number, if any)	Relation to child, if any
Gertie Ida Titus	Southborough	sister

FURTHER, The written evidence submitted to substantiate the affidavit was:

Date, November 23, 1946

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by her are true.

Name Marjorie F. McDonald

Official designation asst clerk
(City or town clerk, assistant clerk or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or have become legitimate by the marriage of their parents.

FORM R-7

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of change of name of illegitimate persons by court decree or by adoption. See reverse side for affidavit.

50m (d)-1-41-4695

July 10, 1869

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH

.....
(City or Town making this return)

Registered No.....

Deposition No. #1

1 PLACE OF BIRTH ..... (County) ..... (City or Town)

NO..... STREET ..... WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD. Joseph Kenerson

3 Sex / 3a Color	4 If plural Births	5 Born ALIVE or STILLBORN	6 Date of Birth (Month) (Day) (Year)
	(a) Twin, triplet or other..... (b) Number, in order of birth.....	.....	.....

FATHER

7 FULL NAME: Woodbury Kenerson

8 RESIDENCE, NO. Fayville STREET (At time of birth or adoption)
CITY OR TOWN. Durham STATE N H

9 COLOR OR RACE. White

10 AGE AT TIME OF BIRTH OR ADOPTION..... (YEARS)

11 PLACE OF BIRTH Durham (City or Town) New Market (State or Country)

12 OCCUPATION. Farmer (At time of birth or adoption)

MOTHER

13 MAIDEN NAME. Ellen Shaw
PRESENT NAME. Ellen Kenerson

14 RESIDENCE, NO. ..... STREET (At time of birth or adoption)
CITY OR TOWN. Fayville STATE Mass

15 COLOR OR RACE. White

16 AGE AT TIME OF BIRTH OR ADOPTION..... (YEARS)

17 PLACE OF BIRTH ..... (City or Town) Ireland (State or Country)

18 OCCUPATION. House Wife (At time of birth or adoption)

19 ATTENDANT AT BIRTH OR INFORMANT..... (Name) (Physician, parent or other, etc.)

ADDRESS NO..... ST., ... (City or Town)

20 Original Return Received (Month) (Day) (Year)	21 Original Record: Vol. ..... Page ..... No. .....
.....	.....

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the..... (City or Town) of ..... (Name of City or Town), in accordance with the provisions of Gen. Laws, Chapter 46, Section 13, this ..... day of ..... 19....., and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth.

.....
(Registrar)

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts
County of Worcester } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of Gerald Kenerson (Give name of child exactly as recorded on the original record) in the Town (City or town) of Southboro (Name of city or town), does not fully and correctly state all the facts relating to said birth, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by him (Him or her) on the form of certificate on the other side of this blank.

SIGNATURE	RESIDENCE (City or town, street and number, if any)	Relation to child, if any
Fred W. Kenerson	#7 Elmwood Ave	Older
	Lynn Mass	Brother

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was:

written evidence in family ledger

Date, March 14, 1942

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by him are true.

Name Marjorie F. McDonald

Official designation Asst Clerk
(City or town clerk, assistant clerk, or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents.

FORM R-7

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

N.B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office.

See reverse side for affidavit.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH

(CITY OR TOWN MAKING THIS RETURN)

Registered No. .....

Deposition No. #2

1 PLACE OF BIRTH: (COUNTY) ..... (CITY OR TOWN) .....

NO. ..... STREET ..... WARD ..... (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD Mabel L. Weston "Louise"

3 Sex Female 4 If plural Births (a) Twin, triplet or other ..... (b) Number, in order of birth .....

3a Color White

5 Born ALIVE or STILLBORN Alive

6 Date of Birth Oct. (MONTH) 12 (DAY) 1869 (YEAR)

7 FATHER

FULL NAME Leander W. Weston

8 RESIDENCE, NO. ..... STREET ..... (AT TIME OF BIRTH OR ADOPTION)

CITY OR TOWN Fayette STATE Mass

9 COLOR OR RACE White

10 AGE AT TIME OF BIRTH OR ADOPTION 31 (YEARS)

11 PLACE OF BIRTH Fayette (CITY OR TOWN) Mass (STATE OR COUNTRY)

12 OCCUPATION Store keeper (AT TIME OF BIRTH OR ADOPTION)

13 MOTHER

MAIDEN NAME Emma M. Muzzy

PRESENT NAME Emma Muzzy Weston.

14 RESIDENCE, NO. ..... Grafton STREET ..... (AT TIME OF BIRTH OR ADOPTION)

CITY OR TOWN ..... STATE Mass

15 COLOR OR RACE White

16 AGE AT TIME OF BIRTH OR ADOPTION 27 (YEARS)

17 PLACE OF BIRTH Grafton (CITY OR TOWN) Mass (STATE OR COUNTRY)

18 OCCUPATION House wife (AT TIME OF BIRTH OR ADOPTION)

19 Attendant at birth or informant Dr. Robinson (NAME) (PHYSICIAN, PARENT OR OTHER, ETC.)

Address No. Southboro St., Massachusetts (CITY OR TOWN)

20 Original return received ..... (MONTH) ..... (DAY) ..... (YEAR)

21 Original Record: Vol. ..... Page ..... No. .....

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the ..... of ..... (CITY OR TOWN) (NAME OF CITY OR TOWN), in accordance with the provisions of Gen. Laws, Chapter 46, Section 13, this ..... day of ..... 19..., and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth.

.....
(REGISTRAR)

20m-10-'38. No. 5193-d

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts
County of Worcester } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of Mabel Louise Newton in the Town of Southbridge
(Give name of child exactly as recorded on the original record) (City or town) (Name of city or town)
does not fully and correctly state all the facts relating to said birth, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by her on the form of certificate
(Him or her)
on the other side of this blank.

SIGNATURE	RESIDENCE (City or town, street and number, if any)	Relation to child, if any
Mabel L. Waldron	408 S. Oak Park Ave Oak Park, Illinois	

FURTHER, The evidence in writing made near the time of birth submitted to substantiate the affidavit was: Baptismal Record.

Date, October 19, 1944.

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by her are true.

Name Marjorie T. McDonald

Official designation Asst Town Clerk.
(City or town clerk, assistant clerk, or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or have become legitimate by the marriage of their parents.

ST. MARK'S RECTORY
SOUTHBOROUGH, MASS.

Oct. 18, 1941.

To whom it may concern:—

This is to certify that the baptism of Mabel Louise Newton is recorded on pages 92 and 93 of the Parish Register of St. Mark's Church, Southborough, Mass. as follows:

Day and date	Place	no.
S VII aft: Δ July 23, 1871	St. Mark's Church	56

Baptismal name and Surname
Mabel Louise Newton

Place and date of birth
Southborough, Oct. 12, 1869

Parents—
Leander W. Newton
Emma Maria, Wife of Do

Sponsors
Joseph Burnett, mother—
Mary Ann, wife of Robert Fowell—

Signature of Clergyman—
Robert Fowell

Further - The marriage of-
Thomas Ebenezer Waldron and
Mabel Louise Newton on June 19, 1895
is recorded on the same Register
on pages 230 and 231.

Robert F. Cheney -
Rector of St. Mark's Church
Southborough, Mass.

FORM R-7

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

N.B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office.

See reverse side for affidavit.

25m-9-37. No. 1859-d

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH

(CITY OR TOWN MAKING THIS RETURN)

Registered No.

Deposition No. #1

1 PLACE OF BIRTH: Worcester (COUNTY) Southborough (CITY OR TOWN)

NO. Middle Road STREET WARD (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD Gertie Ida Hyde

3 Sex female | 3a Color white | Plural Births: (a) Twin, triplet or other twin; (b) Number, in order of birth | 5 Born ALIVE or STILLBORN | 6 Date of Birth Jan. 20, 1871 (MONTH) (DAY) (YEAR)

7 FATHER	13 MOTHER
FULL NAME: Abraham Hyde	MAIDEN NAME: Angeline Elizabeth Walker PRESENT NAME: Angeline Elizabeth Hyde
8 RESIDENCE, No. Middle Road STREET CITY OR TOWN Southborough STATE Mass.	14 RESIDENCE, No. Middle Road STREET CITY OR TOWN Southborough STATE Mass.
9 COLOR OR RACE white 10 AGE AT LAST BIRTHDAY 59 (YEARS)	15 COLOR OR RACE White 16 AGE AT LAST BIRTHDAY 30 (YEARS)
11 PLACE OF BIRTH Sutton (CITY OR TOWN) Mass. (STATE OR COUNTRY)	17 PLACE OF BIRTH Hancock (CITY OR TOWN) N.H. (STATE OR COUNTRY)
12 OCCUPATION farmer	18 OCCUPATION At home

19 ATTENDANT AT BIRTH OR INFORMANT Dr. Robinson (NAME) (PHYSICIAN, PARENT OR OTHER, ETC.)

ADDRESS No. Main St. STREET Southborough (CITY OR TOWN)

20 Original return received (Month) (Day) (Year)

21 Original Record: Vol. Page No.

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the Town (City or town) of Southborough (Name of city or town), in accordance with the provisions of Gen. Laws, Chapter 46, Section 13, this 23rd day of November 1940 and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth.

Maynie F. McDonald (Registrar)

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts
County of Worcester } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of Gertie Ida Hyde (Give name of child exactly as recorded on the original record) in the town (City or town) of Southborough (Name of city or town), does not fully and correctly state all the facts relating to said birth, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by ..... (Him or her) on the form of certificate on the other side of this blank.

SIGNATURE	RESIDENCE (City or town, street and number, if any)	Relation to child, if any
Addie A. Newton	Southborough	sister

FURTHER, The written evidence submitted to substantiate the affidavit was:

Date, November 23, 1940

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by hers are true.

Name Marjorie T. McDonald

Official designation Asst Town Clerk
(City or town clerk, assistant clerk or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or have become legitimate by the marriage of their parents.

18 F 12 #

No. #2

Commonwealth of Massachusetts.

DEPOSITION

CORRECTING RECORD RELATIVE TO A BIRTH.

(St. 1897, Chap. 444, Sect. 14.)

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

The undersigned on oath depose and say that the record relating to the birth of Charles A Brigham (Name of child.) in the Town (City or town.) of Southborough (Name of city or town.), does not fully and correctly state all the facts relating to said birth, and that the following is a true statement of facts omitted or incorrectly stated in said record: —

Date of birth, November 10 - 1871

Name of child, Charles Albertie Brigham

Sex, Male

Color, Wh.

Condition (twin, &c.), -

Place of birth, Southborough

Name of father Charles E Brigham

Maiden name of mother, Ada A Bullard

Residence of parents, Southborough (at time the birth occurred.)

Occupation of father, Shoemaker (at time the birth occurred.)

Birthplace of father, Westborough Mass.

Birthplace of mother, Natick Mass.

SIGNATURE.	RESIDENCE. (City or town, street and number, if any.)	Relation to child, if any.
Charles A. Brigham		

Date, May 28 - 1924

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by him are true.

Chas. L. Faulkner, Clerk.
(City or town.)

Recorded May 28 - 1924

Of Southborough Mass.

TOWN OF SOUTHBOROUGH

OFFICE OF TOWN CLERK

SOUTHBOROUGH, MASS. Deposition #1

June 5 - 1934

Deposition Correcting Record Relative to a birth

The undersigned on oath depose and say that the record relating to the birth of Louis W. Fay in the Town of Southborough does not fully state the facts in regard to the said birth, and that the following is a true statement of facts omitted:

Date of birth	August 5 1872
Full name of child	Louis Winfred Fray
sex	Male
Color	White
Place of birth	Southborough Mass;
Name of Father	Francis A. Fray
Maiden name of mother	Flora A. Lawrence
Residence of parents	Southborough Mass;
Occupation of Father	Farmer
Birthplace of Father	Southborough Mass.
Birthplace of Mother.	Marlborough Mass:

Signature	Residence	Relation to child
Frank E. Fay	Southboro	Brother
Eliza A. Bacon		

June 5 - 193

Then personally appeared Frank E Fay who

#1

The Commonwealth of Massachusetts

No. 20

DEPOSITION #1

CORRECTING RECORD RELATIVE TO A BIRTH.

(Revised Laws, Chap. 29.)

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

The undersigned on oath depose and say that the record relating to the birth of Philogone Belmore (Name of child.) in the Town (City or town.) of Southborough (Name of city or town.), does not fully and correctly state all the facts relating to said birth, and that the following is a true statement of facts omitted or incorrectly stated in said record: —

Date of birth, Oct. 8, 1873

Name of child, Nelson J. Belmore

Sex, Male

Color, White

Condition (twin, &c.), Single

Place of birth, Southborough Mass

Name of father, Narcisses Belmore

Maiden name of mother, Philome

Residence of parents, Southborough Mass (At time the birth occurred.)

Occupation of father, Shoemaker (At time the birth occurred.)

Birthplace of father, Canada

Birthplace of mother, Canada

SIGNATURE.	RESIDENCE. (City or town, street and number, if any.)	Relation to child, if any.
Marie E. Collins	18 Avon St Natick Mass	Sister.
Nelson J Belmore	1 Allen St Natick Mass	Self.

Date, Sept 10, 1918

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by he are true.

James H. Fleming Clerk.

(City or town.)

Natick

Recorded ..... Of ..... Mass.

FORM R-7

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N.B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office.

See reverse side for affidavit.

20M-11-'29. No. 7182-g

1 PLACE OF BIRTH (COUNTY) ..... (CITY OR TOWN) .....

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH

(CITY OR TOWN MAKING THIS RETURN) .....

Registered No. .....

Deposition No. #2

NO. ..... STREET ..... WARD ..... (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD Marcellina M Bird

3 Sex / 3a Color	4 If plural Births (a) Twin, triplet or other / (b) Number, in order of birth	5 Born ALIVE or STILLBORN	6 Date of Birth (MONTH) (DAY) (YEAR)
f. / Wh			October 20 1873

7 FATHER	13 MOTHER
FULL NAME: Theophile Bird 2	MAIDEN NAME: Emma Gadbois
	PRESENT NAME:
8 RESIDENCE, No. ..... STREET	14 RESIDENCE, No. ..... STREET .....
CITY OR TOWN: Southbridge STATE: Mass	CITY OR TOWN: Southbridge STATE: Mass
9 COLOR OR RACE: Wh	15 COLOR OR RACE: Wh
10 AGE AT LAST BIRTHDAY: — (YEARS)	16 AGE AT LAST BIRTHDAY ..... (YEARS)
11 PLACE OF BIRTH: Canada / Southbridge (CITY OR TOWN) Mass (STATE OR COUNTRY)	17 PLACE OF BIRTH: Canada (CITY OR TOWN) (STATE OR COUNTRY)
12 OCCUPATION: Shoemaker	18 OCCUPATION .....

19 SIGNATURE OF ATTENDANT AT BIRTH ..... (NAME) ..... (PHYSICIAN, PARENT OR OTHER, ETC.)

ADDRESS No. ..... STREET ..... (CITY OR TOWN)

20 Original return received ..... (Month) (Day) (Year)

21 Original Record: Vol. ..... Page ..... No. .....

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the Town (City or town) of Southbridge (Name of city or town), in accordance with the provisions of Gen. Laws, Chapter 46, Section 13, this 18th day of October 1938, and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth.

Is correction made under provisions of Chap. 281, Acts of 1925? .....

Carter Bartlett (Registrar)

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts
County of Worcester } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of Sabina Bird (Give name of child exactly as recorded on the original record) in the Town (City or town) of South Grafton (Name of city or town), does not fully and correctly state all the facts relating to said birth, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by her (Him or her) on the form of certificate on the other side of this blank.

SIGNATURE	RESIDENCE (City or town, street and number, if any)	Relation to child, if any
Marceline M Boisseau	12 Wilson Str Manchester	Identical

FURTHER, The evidence submitted to substantiate the affidavit was:

Is correction made under the provisions of Chap. 281 of the Acts of 1925?

Date, October 28 - 1938

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by her are true.

Name Carle T Fairbanks

Official designation Town Clerk
(City or town clerk, assistant clerk or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Subsequently acquired names, whether by adoption through legal procedure, or by common usage, cannot be the basis for an amendment or correction of the original record.

FORM R-7

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON — THIS IS A PERMANENT RECORD

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of change of name of illegitimate persons by court decree or by adoption.

See reverse side for affidavit.

25M-2-62-93278

The Commonwealth of Massachusetts

KEVIN H. WHITE
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH

(City or Town making this return)

Registered No. .....

Deposition No. #1#78

1 PLACE OF BIRTH: Worcester (County); Southborough (City or Town)

No. ..... STREET ..... WARD ..... (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD: Julia Marie O'Connell

3 Sex F; 3a Color W

4 If plural Births: (a) Twin, triplet or other..... (b) Number, in order of birth.....

5 Total number of children born alive previous to this birth.....

6 Date of Birth: August 15, 1875 (Month) (Day) (Year)

7 FATHER

FULL NAME: David O'Connell

8 RESIDENCE, NO. ..... STREET .....

CITY OR TOWN Southborough STATE Mass.

9 COLOR OR RACE: White

10 AGE ..... (YEARS)

11 PLACE OF BIRTH: Ireland (City or Town) (State or Country)

12 OCCUPATION: Farmer

13 MOTHER

MAIDEN NAME: Hannah Toomey

PRESENT NAME .....

14 RESIDENCE, NO. ..... STREET .....

CITY OR TOWN Southborough, Mass. STATE .....

15 COLOR OR RACE: White

16 AGE ..... (YEARS)

17 PLACE OF BIRTH: Ireland (City or Town) (State or Country)

18 OCCUPATION .....

19 ATTENDANT AT BIRTH OR INFORMANT ..... (Name) (Physician, parent or other, etc.)

ADDRESS NO. ..... ST., ... (City or Town)

20 Original Return Received October 8, 1965 (Month) (Day) (Year)

21 Original Record: Vol. ..... Page ..... No. .....

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the Town (City or Town) of Southborough (Name of City or Town), in accordance with the provisions of Gen. Laws, Chapter 46, Section 13, this 8th day of October, 1965, and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth.

Eleanor F. Burke
(Registrar)

DEPOSITION

ALL ADDITIONS AND CORRECTIONS MUST BE SUBSTANTIATED BY WRITTEN EVIDENCE (Sect. 13 of Chap. 46)

WRITE LEGIBLY WITH DURABLE BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON

The Commonwealth of Massachusetts
County of Worcester } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of Julia Marie O'Connell (Give name of child exactly as recorded on the original record) in the Town (city or town) of Southborough (Name of city or town),

does not fully and correctly state Not recorded in records of Southborough

Item(s) ....., and that the true statement of facts omitted or incorrectly stated in said record has been supplied by me (Him or her) on the form of certificate on the other side of this blank.

SIGNATURE	RESIDENCE (City or town, street and number, if any)	Relation to child, if any
Julia Marie O'Connell	Fisher Road ,Southborough	

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was:

Baptismal records - showing baptism on August 16, 1875 and birth date as August 15, 1875

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by her are true.

Date, October 8, 1965 Name Eleanor F Burke

Official designation Town Clerk
(City or town clerk, assistant clerk, or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except by adoption, and further, records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents.

Certificate of Baptism

Certificate of Baptism #2 (Synod VII, 101, §2)

Church of

Immaculate Conception
Marlboro, Mass

Name Julia Marie O'Connell

Father's Name David O'Connell

Mother's Maiden Name Hannah Toomey

Date of Birth August 15, 1875

Date of Baptism August 16, 1875

Sponsors at Baptism John Leahy
Anna Riley

Place of Baptism Marlboro

Minister of Baptism J. Delahunty

Notations from Baptismal Register

(Signed) Rev. Thomas D. Conway

L. S.

MATTHEW F. SHEEHAN CO., BOSTON, MASS.

FORM R-5

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON — THIS IS A PERMANENT RECORD

N.B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office.

15M-4-59-925100

The Commonwealth of Massachusetts

JOSEPH D. WARD

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

DELAYED RETURN OF BIRTH

.....
(City or Town making this return)

Registered No. .....

Deposition No. .....

1 PLACE OF BIRTH: .....(County) .....(City or Town)

No. .....STREET .....WARD {(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD.....

3 Sex / 3a Color	4 If plural Births	5 Born ALIVE or STILLBORN	6 Date of Birth
	(a) Twin, triplet or other.....		(Month) (Day) (Year)
	(b) Number, in order of birth.....		

FATHER

7 FULL NAME .....

8 RESIDENCE, NO. .....STREET (At Time Birth Occurred)

CITY OR TOWN .....STATE.....

9 COLOR OR RACE.....

10 AGE AT TIME OF BIRTH .....(Years)

11 PLACE OF BIRTH ..... (City or Town) (State or Country)

12 OCCUPATION ..... (At Time of Birth)

MOTHER

13 MAIDEN NAME .....

PRESENT NAME .....

14 RESIDENCE, NO. .....STREET (At Time Birth Occurred)

CITY OR TOWN .....STATE.....

15 COLOR OR RACE.....

16 AGE AT TIME OF BIRTH .....(Years)

17 PLACE OF BIRTH ..... (City or Town) (State or Country)

18 OCCUPATION ..... (At Time of Birth)

19 **Attendant at birth or informant** .....
(If there was no physician or attendant, draw line through "attendant at birth or") (Name) (Physician, Parent, or Other)

Address No. .....**St.,** .....
(City or Town)

20 **Affidavit filed and recorded and a copy of return and affidavit transmitted to the Secretary of the Commonwealth**.....
(Month) (Day) (Year)

21 **Deponent**

Name	City or town	Relation to child

See Reverse Side for Affidavit

22 **The above record has been made in accordance with the provisions of General Laws, Chap. 46, Sec. 13.**

Attest: .....
(Registrar)

.....
(City or Town)

MARGIN RESERVED FOR BINDING

. . . An affidavit containing the facts required for record, if made by a person required by law to furnish the information for the original record, or, at the discretion of the town clerk, by credible persons having knowledge of the case . . or a certified copy of the record of any other town or of a written statement made at the time by any person since deceased required by law to furnish evidence thereof, may, in the discretion of the clerk, be made the basis for the record of a birth . . not previously recorded . . *Extract from Gen. Laws, Chap.* 46, *Sec.* 13.

AFFIDAVIT

THE COMMONWEALTH OF MASSACHUSETTS }
COUNTY OF Worcester } SS.:

I, Margaret Mary O'Connell,

being duly sworn, deposes and says that she resides at Fisher Road

Southborough, Mass.

that deponent has knowledge of the birth of Julia Marie O'Connell

named on the reverse side of this blank.

Proof of residence of the parents at the time of the birth

Further, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was Baptismal Record

(Deponents Signature) Margaret Mary O'Connell

Sworn to and subscribed before me,

this 8th day of October, 19 65

(City or town clerk, assistant clerk, or registrar)

NOTICE

Expense of affidavit should be borne by the individual making this return.

INSTRUCTIONS AS TO EXECUTION OF PAPERS TO RECORD DELAYED RETURNS OF BIRTH

1. A delayed return should be authenticated by a writing made at or near the time of birth by a person charged with making the return in the first instance, such as a Bible, or family record or a church record made within 40 days after birth, or if not available the first school record.

2. The affidavit should be made by the attending physician, father, mother, or if not available by some person old enough at the time to recall the event sought to be recorded, having actual knowledge of the facts as they existed at the time the event occurred.

3. Clerk can accept on the evidence, if satisfactory, without affidavit, when there is no one available to furnish the affidavit, under the provisions of Chapter 46, Section 13A.

4. The name on the return should be the same name that was given at the time.

5. The name of the person as written in the affidavit must correspond in every respect to that given in the birth return.

6. It should be borne in mind that parents have been required to report births ever since the registration law has been in effect.

CITY AND TOWN CLERKS SHOULD TRANSMIT A COPY OF THIS RETURN TO THE SECRETARY OF THE COMMONWEALTH AT ONCE

Form R-7

TE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

N.B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office.

See reverse side for affidavit.

25m-9-'37. No. 1859-d.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH

(CITY OR TOWN MAKING THIS RETURN)

Registered No. .....

Deposition No. #1

1 PLACE OF BIRTH: Worcester (COUNTY) Southborough (CITY OR TOWN)

NO. ..... STREET ..... WARD ..... (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD Martha O'Brien

3 Sex Fem 3a Color W

4 If plural Births (a) Twin, triplet or other ..... (b) Number, in order of birth .....

5 Born ALIVE or STILLBORN alive

6 Date of Birth November 11. 1876 (MONTH) (DAY) (YEAR)

FATHER	MOTHER
7 FULL NAME Thomas. O'Briens	13 MAIDEN NAME Mary Fitzgerald PRESENT NAME O'Briens
8 RESIDENCE, No. ..... STREET ..... CITY OR TOWN Southborough STATE Mass	14 RESIDENCE, No. ..... STREET ..... CITY OR TOWN Southborough STATE Mass
9 COLOR OR RACE W. 10 AGE AT LAST BIRTHDAY ..... (YEARS)	15 COLOR OR RACE W 16 AGE AT LAST BIRTHDAY ..... (YEARS)
11 PLACE OF BIRTH Ireland (CITY OR TOWN) (STATE OR COUNTRY)	17 PLACE OF BIRTH Ireland (CITY OR TOWN) (STATE OR COUNTRY)
12 OCCUPATION Shoemaker	18 OCCUPATION Home

19 ATTENDANT AT BIRTH OR INFORMANT ..... (NAME) (PHYSICIAN, PARENT OR OTHER, ETC.)

ADDRESS No. ..... STREET ..... (CITY OR TOWN)

20 Original return received ..... (Month) (Day) (Year)

21 Original Record: Vol. ..... Page ..... No. .....

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the ..... (City or town) of ..... (Name of city or town), in accordance with the provisions of Gen. Laws, Chapter 46, Section 13, this ..... day of ..... 19....., and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth.

..... (Registrar)

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts
County of Middlesex } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of Mather O'Brien (Give name of child exactly as recorded on the original record) in the Town (City or town) of Southborough (Name of city or town), does not fully and correctly state all the facts relating to said birth, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by her (Him or her) on the form of certificate on the other side of this blank.

SIGNATURE	RESIDENCE (City or town, street and number, if any)	Relation to child, if any
Ellen M Cotter	84 Laurence St Framingham	Sister

FURTHER, The written evidence submitted to substantiate the affidavit was:

Date May 17th 1940

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by her are true.

Name William L. Walsh

Official designation Town Clerk (City or town clerk, assistant clerk or registrar)

Framingham

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or have become legitimate by the marriage of their parents.

FORM R-7

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N.B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office.

See reverse side for affidavit.

20M-11-'29. No. 7182-g

1 PLACE OF BIRTH: Worcester (COUNTY) / Southborough (CITY OR TOWN)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH

Southborough (CITY OR TOWN MAKING THIS RETURN)

Registered No.

Deposition No. #2

NO. STREET WARD (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD: Ernest Labarre

3 Sex	3a Color	4 If plural Births	5 Born ALIVE or STILLBORN	6 Date of Birth (MONTH) (DAY) (YEAR)
M	W	(a) Twin, triplet or other; (b) Number, in order of birth	alive	Dec. 10, 1876

7 FATHER	13 MOTHER
FULL NAME: Theodore Labarre (Deceased)	MAIDEN NAME: Rose Boule PRESENT NAME: Rose Labarre (Deceased)
8 RESIDENCE, No. STREET CITY OR TOWN STATE	14 RESIDENCE, No. STREET CITY OR TOWN STATE
9 COLOR OR RACE: White 10 AGE AT LAST BIRTHDAY (YEARS)	15 COLOR OR RACE: White 16 AGE AT LAST BIRTHDAY (YEARS)
11 PLACE OF BIRTH: ~~Shoemaker~~ Canada (CITY OR TOWN) (STATE OR COUNTRY)	17 PLACE OF BIRTH: Canada (CITY OR TOWN) (STATE OR COUNTRY)
12 OCCUPATION: Shoemaker	18 OCCUPATION: Housewife

19 SIGNATURE OF ATTENDANT AT BIRTH (NAME) (PHYSICIAN, PARENT OR OTHER, ETC.)

ADDRESS No. STREET (CITY OR TOWN)

20 Original return received Dec. (Month) (Day) 1876 (Year)

21 Original Record: Vol. 2 Page 20 No. 23

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the Town (City or town) of South Borough (Name of city or town), in accordance with the provisions of Gen. Laws, Chapter 46, Section 13, this 24th day of January 1938, and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth.

Is correction made under provisions of Chap. 281, Acts of 1925?

Chas. L. Fairbank (Registrar)

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts
County of Worcester } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of Annis Labarre (Give name of child exactly as recorded on the original record) in the Town (City or town) of Southborough (Name of city or town), does not fully and correctly state all the facts relating to said birth, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by him (Him or her) on the form of certificate on the other side of this blank.

SIGNATURE	RESIDENCE (City or town, street and number, if any)	Relation to child, if any
George A. Labarre	White Bagley Rd., Southboro	Nephew

FURTHER, The evidence submitted to substantiate the affidavit was:

provided Statements of reliable persons who were companions and playmates

Is correction made under the provisions of Chap. 281 of the Acts of 1925?

Date, Aug 2 Saturday

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by him are true.

Name Clerk 2 Saturday

Official designation
(City or town clerk, assistant clerk or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Subsequently acquired names, whether by adoption through legal procedure, or by common usage, cannot be the basis for an amendment or correction of the original record.

HUDSON HIGH SCHOOL

Hudson, Massachusetts

Miss Frances E. Rice, Principal

OFFICE OF THE PRINCIPAL

May 25, 1945

To Whom it may Concern:

Ida V. LaRocque was graduated from Hudson High School in June 1904.

At that time her name on her diploma was written Ida Laroque.

This is the one and the same person whose birth certificate reads Ida Georgeanna Rock.

I am glad to make this statement and hope this is sufficient evidence to make the correction on the birth certificate.

(Signed) Frances E. Rice.
Frances E. Rice, Principal

HUDSON HIGH SCHOOL

FORM R-7

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

N.B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office.

See reverse side for affidavit.

20m-10-'38. No. 5193-d

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH

Southboro
(CITY OR TOWN MAKING THIS RETURN)

Registered No. 1 (1947)

Deposition No. #1

1 PLACE OF BIRTH: Southboro (COUNTY); Southboro (CITY OR TOWN)

NO. ____ STREET ____ WARD ____ (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD: Valerie Lozeau

3 Sex: F — 3a Color: W

4 If plural Births: (a) Twin, triplet or other ____ (b) Number, in order of birth ____

5 Born ALIVE or STILLBORN: Alive

6 Date of Birth: Nov. 27, 1878 (MONTH) (DAY) (YEAR)

7 FATHER

FULL NAME: Augustin Lozeau

8 RESIDENCE, NO. --- STREET (AT TIME OF BIRTH OR ADOPTION)
CITY OR TOWN Southboro STATE Mass

9 COLOR OR RACE: White

10 AGE AT TIME OF BIRTH OR ADOPTION: 28 (YEARS)

11 PLACE OF BIRTH: Canada (CITY OR TOWN) (STATE OR COUNTRY)

12 OCCUPATION: Farmer (AT TIME OF BIRTH OR ADOPTION)

13 MOTHER

MAIDEN NAME: Mary Triugue

PRESENT NAME: Mary Lozeau

14 RESIDENCE, NO. --- STREET (AT TIME OF BIRTH OR ADOPTION)
CITY OR TOWN Southboro STATE Mass

15 COLOR OR RACE: White

16 AGE AT TIME OF BIRTH OR ADOPTION: ____ (YEARS)

17 PLACE OF BIRTH: Canada (CITY OR TOWN) (STATE OR COUNTRY)

18 OCCUPATION: Housewife (AT TIME OF BIRTH OR ADOPTION)

19 Attendant at birth or informant --- (NAME) (PHYSICIAN, PARENT OR OTHER, ETC.)

Address No. --- St., --- (CITY OR TOWN)

20 Original return received ____ (MONTH) (DAY) (YEAR)

21 Original Record: Vol. 2 Page 24 No. 36

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the Town (CITY OR TOWN) of Southborough (NAME OF CITY OR TOWN), in accordance with the provisions of Gen. Laws, Chapter 46, Section 13, this 24th day of May 1941, and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth.

Marjorie F. McDonald
asst (REGISTRAR)

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts
County of Worcester } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of Mae Burd (Give name of child exactly as recorded on the original record) in the Town (City or town) of Southboro (Name of city or town), does not fully and correctly state all the facts relating to said birth, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by him (Him or her) on the form of certificate on the other side of this blank.

SIGNATURE	RESIDENCE (City or town, street and number, if any)	Relation to child, if any
Alfred N. Lozeau	6 Puritan Ave. Worcester, Mass.	Cousin

FURTHER, The evidence in writing made near the time of birth submitted to substantiate the affidavit was: The Baptismal record

Date,

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by him are true.

Name Marjorie F. McDonald

Official designation Asst Town Clerk
(City or town clerk, assistant clerk, or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or have become legitimate by the marriage of their parents.

Baptismal Certificate

St. Luke's Church, Westboro, Mass.

~~Rev. JOHN B. FARRELL~~, PASTOR Rev. John E. Doherty

Child's Name Mary (Valerie) L'oiseau (Lozeau)

Born Nov. 27, 1878

Baptized Dec 15, 1878 By Rev. C. J. Gouin

Father's Name Augustine L'oiseau (Lozeau)

Mother's Maiden Name Mary Trane (Trinque)

Signed Rev. Thomas J. Connellan (Assistant)

P. S. The above record is a true copy taken from the parish books.

Sponsors. John B L'oiseau (Lozeau)
Onezime L'oiseau (Lozeau)

FORM R-7

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

N.B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office.

See reverse side for affidavit.

4-'21. 10,000.

1 PLACE OF BIRTH

County of WORCESTER

City or Town of SOUTH BOROUGH

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

DIVISION OF VITAL STATISTICS

(City or town)

AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH

(Issued under the provisions of General Laws, Chap. 46, Sec. 13)

Registered No. ..... Deposition No. #1

No. ....., St., ... Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD ESTHER LOWELL BURNETT

3 Sex of Child	4 Twin, triplet, or other? (To be answered only in event of plural births)	4a Number in order of birth	5 Born alive or stillborn	6 Date of birth (Month) (Day) (Year)
FEMALE		4	ALIVE	MARCH 7th 1879

FATHER	MOTHER
7 FULL NAME: EDWARD BURNETT	8 FULL NAME BEFORE MARRIAGE: MABEL LOWELL
9 RESIDENCE (At time the birth occurred) No. ....., St. ..... SOUTHBOROUGH (City or town)	10 RESIDENCE (At time the birth occurred) No. ....., St. ..... SOUTHBOROUGH (City or town)
11 COLOR OR RACE: WHITE	12 AGE AT LAST BIRTHDAY (At time the birth occurred): 29 YEARS
13 COLOR OR RACE: WHITE	14 AGE AT LAST BIRTHDAY (At time the birth occurred): 32 YEARS
15 BIRTHPLACE: BOSTON (City or town) MASS (State or country)	16 BIRTHPLACE: CAMBRIDGE (City or town) MASS (State or country)
17 OCCUPATION (At time the birth occurred): FARMER	18 OCCUPATION (At time the birth occurred):

19 Attendant at birth or informant ..... (Name) ..... (Physician, midwife, father, or other)

(If there was no physician or midwife attendant, draw line through "attendant at birth or")

Address No. ....., St., ... (City or town)

20 Original return received ..... (Month) (Day) (Year)

21 Original Record: Vol. ..... Page ..... No. .....

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the ..... (City or town) of ..... (Name of city or town), in accordance with the provisions of General Laws, Chapter 46, Section 13, this ..... day of ..... 19 , and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth.

..... (City or town clerk or registrar)

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts
County of ..... } ss.:

The undersigned, being duly sworn, depose s and says that the record relating to the birth of ESTHER BURNETT (Give name of child exactly as recorded on the original record) in the TOWN (City or town) of SOUTHBOROUGH, (Name of city or town) does not fully and correctly state all the facts relating to said birth, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by him (Him or her) on the form of certificate on the other side of this blank.

SIGNATURE	RESIDENCE (City or town, street and number, if any)	Relation to child, if any
Stanley Cummingham	141 Canton Avenue Milton	Husband

Date, March 31 - 1928

Then personally appeared before me the person whose signature appears above and made oath that the statements subscribed to by him are true.

Name Tessie N. Connelly

My Commission Expires July 17, 1931

Official designation Notary Public
(City or town clerk or assistant clerk, notary public, or other officer authorized to administer oaths for general purposes)

MARGIN RESERVED FOR BINDING

If the record relating to a birth * * * does not contain all the required facts, or if it is claimed that the facts are not correctly stated therein, the town clerk shall receive an affidavit containing the facts required for record, if made by a person required by law to furnish the information for the original record, or, at the discretion of the town clerk, by credible persons having knowledge of the case. He shall file such affidavit and record it * * * and forthwith, if a copy of the record has been sent to the state secretary, shall forward to him a certified copy of the corrected record * * *. *Gen. Laws Chap. 46, Sec. 13.*

FORM R-7

WRITE PLAINLY, WITH UNFADING BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON — THIS IS A PERMANENT RECORD

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of change of name of illegitimate persons by court decree or by adoption. See reverse side for affidavit.

25M-4-59-925100

The Commonwealth of Massachusetts
JOSEPH D. WARD
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH

(City or Town making this return)

Registered No. #2

Deposition No. #20

1 PLACE OF BIRTH — Worcester (County); Southborough (City or Town)

No. ..... STREET ..... WARD (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD: Della (Bridget) E. Roche

3 Sex: F — 3a Color: W — 4 If plural Births: (a) Twin, triplet or other ..... (b) Number, in order of birth .....

5 Born ALIVE or STILLBORN: alive

6 Date of Birth: Dec. 29, 1885 (Month) (Day) (Year)

7 FATHER

FULL NAME: Martin Roche

8 RESIDENCE, NO. ..... STREET ..... (At time of birth or adoption)
CITY OR TOWN Southborough STATE Mass.

9 COLOR OR RACE: White

10 AGE AT TIME OF BIRTH OR ADOPTION ..... (YEARS)

11 PLACE OF BIRTH: Ireland (City or Town) (State or Country)

12 OCCUPATION: Laborer (At time of birth or adoption)

13 MOTHER

MAIDEN NAME: Nora Gilboyle
PRESENT NAME: Nora Roche

14 RESIDENCE, NO. ..... STREET ..... (At time of birth or adoption)
CITY OR TOWN Southborough STATE Mass.

15 COLOR OR RACE: White

16 AGE AT TIME OF BIRTH OR ADOPTION ..... (YEARS)

17 PLACE OF BIRTH: Ireland (City or Town) (State or Country)

18 OCCUPATION ..... (At time of birth or adoption)

19 ATTENDANT AT BIRTH OR INFORMANT ..... (Name) (Physician, parent or other, etc.)

ADDRESS NO. ..... ST., ... (City or Town)

20 Original Return Received Jan. 1, 1886 (Month) (Day) (Year)

21 Original Record: Vol. ..... Page ..... No. .....

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the Southborough Town (City or Town) of Southborough (Name of City or Town), in accordance with the provisions of Gen. Laws, Chapter 46, Section 13, this 24th day of November, 1965, and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth.

Veronica F. Burke
(Registrar)

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON

The Commonwealth of Massachusetts
County of Worcester } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of Delia Roach (Give name of child exactly as recorded on the original record) in the Town (city or town) of Southborough (Name of city or town), does not fully and correctly state all the facts relating to said birth, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by.....(Him or her) on the form of certificate on the other side of this blank.

SIGNATURE	RESIDENCE (City or town, street and number, if any)	Relation to child, if any
Della E. Roche	57 Fox Circle, Keene, N.H.	

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was: Baptismal Certificate

Note: For correction of name of child and surname spelling and maiden name of mother

Date, November 24, 1965

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by her are true.

Name Leonard F. Burke

Official designation Town Clerk
(City or town clerk, assistant clerk, or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except by adoption, and further, records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents.

Baptismal Certificate

I Certify that, according to the Records of St. Luke's Church, in the City of Westboro, State of Mass.

Della (Bridget) E. Rocke { son / daughter }

of Martin Rocke Father,

and Nora Gilboyle Mother,

was born in the city of Southboro,

State of Mass on the 29th day of

Dec. 1885, and was baptized by the

Rev. F. E. Purcell in this Church,

on the 3rd day of Jan 1886, in

accord with the rites of the Roman Catholic

Church, the Sponsors being { James Mc Carthy / Anna Moran }

Date Nov. 19, 1965

Raymond S. Burke Pastor

© The Lamberty Co., Inc., Chicago

FORM R-7

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of change of name of illegitimate persons by court decree or by adoption. See reverse side for affidavit.

50M (B) 5-46 18712

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH

SOUTHBOROUGH
(City or Town making this return)

Registered No. .....

Deposition No. #2

1 PLACE OF BIRTH: WORCESTER (County); SOUTHBOROUGH (City or Town)

NO. ..... STREET ..... WARD (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD: Leah Brooks Farnham

3 Sex F; 3a Color W

4 If plural Births: (a) Twin, triplet or other ..... (b) Number, in order of birth .....

5 Born ALIVE or STILLBORN: Alive

6 Date of Birth: November 6, 1886 (Month) (Day) (Year)

FATHER

7 FULL NAME: Cleveland B. Farnham

8 RESIDENCE, NO. ✓ May (Eastern Ave) STREET (At time of birth or adoption)
CITY OR TOWN Malden STATE Mass.

9 COLOR OR RACE: White

10 AGE AT TIME OF BIRTH OR ADOPTION ..... (Years)

11 PLACE OF BIRTH: Woolwich, Maine (City or Town) (State or Country)

12 OCCUPATION: Farmer (At time of birth or adoption)

MOTHER

13 MAIDEN NAME: Jennie R. Cresswell
PRESENT NAME: Jennie R. Farnham

14 RESIDENCE, NO. ✓ May (Eastern Ave) STREET (At time of birth or adoption)
CITY OR TOWN Malden STATE Mass.

15 COLOR OR RACE: White

16 AGE AT TIME OF BIRTH OR ADOPTION ..... (Years)

17 PLACE OF BIRTH: Ottumwa (City or Town) Iowa (State or Country)

18 OCCUPATION ..... (At time of birth or adoption)

19 ATTENDANT AT BIRTH OR INFORMANT ✓ None known (Name) (Physician, parent or other, etc.)

ADDRESS NO. ✓ ST., ✓ (City or Town)

20 Original Return Received ..... (Month) (Day) (Year)

21 Original Record: Vol. 2 Page 42 No. .....

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the TOWN (City or Town) of SOUTHBOROUGH (Name of City or Town), in accordance with the provisions of Gen. Laws, Chapter 46, Section 13, this 3rd day of March 19..., and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth.

..... (Registrar)

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts
County of WORCESTER } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of NO First name Farnum in the Town of Southborough,
(Give name of child exactly as recorded on the original record) (City or town) (Name of city or town)
does not fully and correctly state all the facts relating to said birth, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by ..... on the form of certificate
(Him or her)
on the other side of this blank.

SIGNATURE	RESIDENCE (City or town, street and number, if any)	Relation to child, if any
Leah Farnham Sargent	68 Linden St. Reading, Mass.	

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was:
Baptismal record from St. Luke's Episcopal Church, Malden.

Date, April 14 1949

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by ..... her ..... are true.

Name ..... Guy W Ellison .....

Official designation Town Clerk Reading
(City or town clerk, assistant clerk or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents.

St. Luke's Episcopal Church
MALDEN 48, MASSACHUSETTS

REV. G. C. SHEARER McKAY
ST. LUKE'S RECTORY
77 BRENTWOOD STREET
MALDEN 48, MASS.

Feb. 10, 1949

To Whom It May Concern:

The following entry is found in the Baptismal Records of St. Luke's Episcopal Church, Linden, Malden, Mass.:

Date of Baptism: Easter Even, April 17th. 1897

Christian Name and Surname: Leah Brooks Farnham

Place and Date of Birth: Southborough, Mass.
Nov. 6th. 1886

Parents: Cleveland B. Farnham
Jennie R. Farnham

Sponsors: The mother and S. Isabella Danker

Clergyman: Albert Danker, Ph. D.

Rev G. C. Shearer McKay
Rector: St. Luke's Church

FORM R-7

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of change of name of illegitimate persons by court decree or by adoption. See reverse side for affidavit.

50M-(B)-8-42-10118

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH

.....(City or Town making this return)

Registered No.....

Deposition No. #1

1 PLACE OF BIRTH: Worcester (County); Southborough (City or Town); NO. Southville Rd STREET ..... WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD. Robert Lester De Armond

3 Sex M / 3a Color W	4 If plural Births: (a) Twin, triplet or other..... (b) Number, in order of birth.....	5 Born ALIVE or STILLBORN: Alive	6 Date of Birth: February 11, 1889 (Month) (Day) (Year)

7 FATHER

FULL NAME: Peter G. De Armond

8 RESIDENCE, NO. Southville Rd STREET (At time of birth or adoption)
CITY OR TOWN Southboro STATE Mass.

9 COLOR OR RACE White

10 AGE AT TIME OF BIRTH OR ADOPTION 26 (YEARS)

11 PLACE OF BIRTH: Nova Scotia (City or Town) (State or Country)

12 OCCUPATION: Carpenter (At time of birth or adoption)

13 MOTHER

MAIDEN NAME: Sarah White
PRESENT NAME: Sarah W. De Armond

14 RESIDENCE, NO. Southville Rd STREET (At time of birth or adoption)
CITY OR TOWN Southboro STATE Mass.

15 COLOR OR RACE White

16 AGE AT TIME OF BIRTH OR ADOPTION 25 (YEARS)

17 PLACE OF BIRTH: Nova Scotia (City or Town) (State or Country)

18 OCCUPATION: Housewife (At time of birth or adoption)

19 ATTENDANT AT BIRTH OR INFORMANT: Dr. F. E. Corey (Name) Physician (Physician, parent or other, etc.)
ADDRESS NO. Parkman ST. Westboro (City or Town) Mass.

20 Original Return Received..... (Month) (Day) (Year)

21 Original Record: Vol.....Page.....No.....

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the.....
.....(City or Town) of ..... (Name of City or Town), in accordance with the provisions of Gen. Laws,

Chapter 46, Section 13, this.....day of.....19....., and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth.

.....(Registrar)

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts
County of Worcester } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of (male child) DeArmond (Give name of child exactly as recorded on the original record) in the Town (City or town) of Southborough (Name of city or town), does not fully and correctly state all the facts relating to said birth, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by her (Him or her) on the form of certificate on the other side of this blank.

SIGNATURE	RESIDENCE (City or town, street and number, if any)	Relation to child, if any
Sarah W (her) DeArmond mark	35 West St., Westboro	Mother
witness to mark Francis J. Reilly		

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was: School record

Date, January 27, 1944

Then personally appeared before me the person whose signature (by mark) appear above and made oath that the statements subscribed to by her are true.

Name Annie A. Dunne

Official designation Town Clerk, Westborough
(City or town clerk, assistant clerk, or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents.

SCHOOL DEPARTMENT
WESTBORO, MASS.
J. HARDING ARMSTRONG, SUPERINTENDENT

January 31, 1944

TO WHOM IT MAY CONCERN:

The records of the Westboro School Department show that Robert Lester DeArmond, son of Peter G.DeArmond, 35 West Street, Westboro, was born February 11, 1889 and entered Grade 3 in Feb. 1897. He continued through the grades until January 1, 1904.

J. Harding Armstrong
Supt. Schools

FORM R-7

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of change of name of illegitimate persons by court decree or by adoption.

See reverse side for affidavit.

50M-10-53-910591

The Commonwealth of Massachusetts
EDWARD J. CRONIN
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH

Southborough
(City or Town making this r

Registered No. .....

Deposition No. 1

1 PLACE OF BIRTH: ..... (County); ..... (City or Town)

NO. ..... STREET ..... WARD { (If birth occurred in a hospital or institution give its NAME instead of street and number)

2 FULL NAME OF CHILD William S La Plante

3 Sex / 3a Color	4 If plural Births: (a) Twin, triplet or other ..... (b) Number, in order of birth	5 Born ALIVE or STILLBORN	6 Date of Birth: March (Month) 5 (Day) 1890 (Year)

7 FATHER	13 MOTHER
FULL NAME: Joseph La Plante	MAIDEN NAME: Agnes Plante PRESENT NAME: Agnes La Plante
8 RESIDENCE, NO. — STREET (At time of birth or adoption) CITY OR TOWN Southborough STATE Mass	14 RESIDENCE, NO. — STREET (At time of birth or adoption) CITY OR TOWN Southborough STATE Mass
9 COLOR OR RACE White 10 AGE AT TIME OF BIRTH OR ADOPTION ..... (Years)	15 COLOR OR RACE White 16 AGE AT TIME OF BIRTH OR ADOPTION ..... (Years)
11 PLACE OF BIRTH: St David (City or Town) Canada (State or Country)	17 PLACE OF BIRTH: Douglas (City or Town) Mass (State or Country)
12 OCCUPATION: Fireman (At time of birth or adoption)	18 OCCUPATION ..... (At time of birth or adoption)

19 ATTENDANT AT BIRTH OR INFORMANT ..... (Name) ..... (Physician, parent or other, etc.)

ADDRESS NO. ..... ST., ... (City or Town)

20 Original Return Received ..... (Month) (Day) (Year)	21 Original Record: Vol. ..... Page ..... No. .....

22 ~~The above~~ corrections with reference to the statement on the back of this blank have been entered upon the birth records of the Town (City or Town) of Southborough (Name of City or Town), in accordance with the provisions of Gen. Laws, Chapter 46, Section 13, this 13th day of July 1953, and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth.

Austin E Kelly (Registrar)

Townclerk

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts }
County of Worcester } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of La Plante (Give name of child exactly as recorded on the original record) in the Town (City or town) of Southborough (Name of city or town), does not fully and correctly state all the facts relating to said birth, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by him (Him or her) on the form of certificate on the other side of this blank.

SIGNATURE	RESIDENCE (City or town, street and number, if any)	Relation to child, if any
Mrs Mabel Valliere	East Douglas Mass	Sister
	6 oak St	

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was: Baptismal Certificate

Date,.....

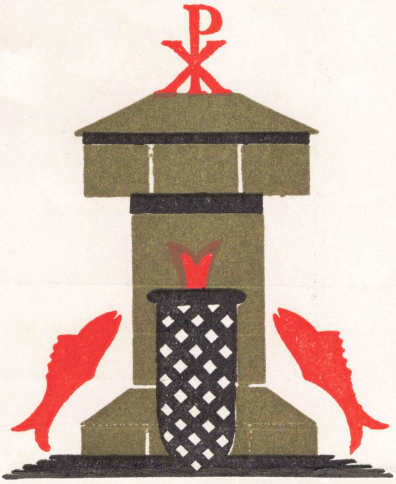
Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by.....are true.

Name.....

Official designation.....
(City or town clerk, assistant clerk, or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents.



Going therefore, teach ye all nations; baptizing them in the name of the Father, and of the Son, and of the Holy Ghost. Matt. 28-19

The Holy Sacrament of Baptism

This is to Certify

That William Joseph Laplante

The Son / ~~The Daughter~~ } of Joseph Laplante

and Agnes La Plante

born in Southborough (CITY) on March 5 1890

was Baptized on April 20 1890 in the Church of

St. Ann , Southborough (CITY)

according to the Rite of the Roman Catholic Church

by Rev. John F. Redican, Pastor

Sponsors were William J. Powers

and Minnie Le Duc

as recorded in the Baptismal Register of this church.

SEAL OF CHURCH

Rev John H. Burke asst. ~~Pastor~~

Date June 22, 1955

Symbol—The fishes, or souls of the faithful, seek Baptism at font, then enter basket, or Church.

Form No. 56 ©Benziger Brothers, Inc. Made in U.S.A.

The Commonwealth of Massachusetts

No. 15 #1

DEPOSITION

CORRECTING RECORD RELATIVE TO A BIRTH.

(Revised Laws, Chap. 29.)

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

The undersigned on oath depose and say that the record relating to the birth of John Donnelly O'Connell (Name of child.) in the Town (City or town.) of Southborough (Name of city or town.), does not fully and correctly state all the facts relating to said birth, and that the following is a true statement of facts omitted or incorrectly stated in said record: —

Date of birth, August 5, 1891

Name of child, John Dominic O'Connell

Sex, Male

Color, White

Condition (twin, &c.), Single

Place of birth, Southborough

Name of father, David O'Connell

Maiden name of mother, Johanna Looney

Residence of parents, Southboro Mass (At time the birth occurred.)

Occupation of father, Farmer (At time the birth occurred.)

Birthplace of father, Ireland

Birthplace of mother, Ireland

SIGNATURE.	RESIDENCE. (City or town, street and number, if any.)	Relation to child, if any.
Ellen T. O'Connell	Southboro Mass.	Sister
J. S. Julia M. O'Connell	Southborough Mass	Sister

Date, Southborough Mass Oct. 15, 1917

Then personally appeared before me the person S whose signature S appear above and made oath that the statements subscribed to by them are true.

Charles H. Newton Town Clerk.
(City or town.)

Recorded

Of Southborough Mass.

FORM R-7

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of change of name of illegitimate persons by court decree or by adoption. See reverse side for affidavit.

50M (B) 5-46 18712

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH

SOUTHBOROUGH
(City or Town making this return)

Registered No. .....

Deposition No. #2

1 PLACE OF BIRTH: Worcester (County); Southborough (City or Town)

NO. ..... STREET ..... WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD Daniel William McNeil

3 Sex / 3a Color	4 If plural Births: (a) Twin, triplet or other ..... (b) Number, in order of birth	5 Born ALIVE or STILLBORN: Alive	6 Date of Birth: Oct. (Month) 4 (Day), 1891 (Year)

FATHER	MOTHER
7 FULL NAME: Joseph McNeil	13 MAIDEN NAME: Johanna McGillveray PRESENT NAME: Johanna McNeil
8 RESIDENCE, NO. ..... STREET (At time of birth or adoption) CITY OR TOWN Southborough STATE Mass.	14 RESIDENCE, NO. ..... STREET (At time of birth or adoption) CITY OR TOWN Southborough STATE Mass.
9 COLOR OR RACE: White 10 AGE AT TIME OF BIRTH OR ADOPTION: — (Years)	15 COLOR OR RACE: White 16 AGE AT TIME OF BIRTH OR ADOPTION: — (Years)
11 PLACE OF BIRTH: Cape Breton (City or Town) (State or Country)	17 PLACE OF BIRTH: Cape Breton (City or Town) (State or Country)
12 OCCUPATION: Carpenter (At time of birth or adoption)	18 OCCUPATION: Housewife (At time of birth or adoption)

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19 ATTENDANT AT BIRTH OR INFORMANT ..... (Name) (Physician, parent or other, etc.)

ADDRESS NO. ..... ST., ... (City or Town)

20 Original Return Received (Month) (Day) (Year)	21 Original Record: Vol. 2 Page 55 No. 37

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the Town (City or Town) of Southborough (Name of City or Town), in accordance with the provisions of Gen. Laws, Chapter 46, Section 13, this 18th day of October 1948, and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth.

John J. Rabeni
(Registrar)

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts
County of Worcester } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of Michael William McNeil (Give name of child exactly as recorded on the original record) in the Town (City or town) of Southborough (Name of city or town), does not fully and correctly state all the facts relating to said birth, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by him (Him or her) on the form of certificate on the other side of this blank.

SIGNATURE	RESIDENCE (City or town, street and number, if any)	Relation to child, if any
Margaret C. McNeil	6 Myrtle St Westboro Mass	Sister

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was:

Certificate of Baptism

Date, October 14, 1948

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by him are true.

Name John J. Rabeni

Official designation Town Clerk
(City or town clerk, assistant clerk or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents.

Certificate of Baptism

I hereby certify, that Daniel William Mc. Neil

Son / ~~Daughter~~ of Joseph Mc. Neil and Johanna Mc. Gilleray

was born on the 4th day of October - 1891 and was

Baptised on Oct. 25 - 1891 at St. Anne's Church Southboro, Mass.

John Sheehan

Katie Fay

Sponsors

Signed Edw. J. Schuster

Pastor Rector

May 4 - 1934

M. H. Wiltzius Co., Chicago, Ill.
Publishers

Commonwealth of Massachusetts.

No. 30 #2

DEPOSITION

CORRECTING RECORD RELATIVE TO A BIRTH.

(St. 1897, Chap. 444, Sect. 14.)

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

The undersigned on oath depose and say that the record relating to the birth of William (Name of child.) Dealey in the town (City or town.) of Southborough (Name of city or town.), does not fully and correctly state all the facts relating to said birth, and that the following is a true statement of facts omitted or incorrectly stated in said record: —

Date of birth, August 8, 1879

Name of child, William Dealey

Sex, Male

Color, White

Condition (twin, &c.), —

Place of birth, Southborough

Name of father, John Dealey

Maiden name of mother, Ida Newton

Residence of parents, Southborough (at time the birth occurred.)

Occupation of father, Blacksmith (at time the birth occurred.)

Birthplace of father, Prince Edwards Island

Birthplace of mother, Southborough

SIGNATURE.	RESIDENCE. (City or town, street and number, if any.)	Relation to child, if any.
Mary S. Dalmon	Southborough	none

Date, March 9- 1928

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by her are true.

Chas. L. Fairbanks Clerk.
(City or town.)

Recorded Mar. 9-1928

Of Southborough Mass.

FORM R-7

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON — THIS IS A PERMANENT RECORD

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of change of name of illegitimate persons by court decree or by adoption. See reverse side for affidavit.

25M-11-59-926662

The Commonwealth of Massachusetts

JOSEPH D. WARD

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH

(City or Town making this return)

Registered No. .....

Deposition No. #3871

1 PLACE OF BIRTH (County) ..... (City or Town) .....

No. ..... STREET ..... WARD ..... (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD William Stanley Damon

3 Sex / 3a Color	4 If plural Births	5 Born ALIVE or STILLBORN	6 Date of Birth (Month) (Day) (Year)
3 M / 3a White	(a) Twin, triplet or other Single; (b) Number, in order of birth 3rd	alive	Jan. 13 1882

FATHER	MOTHER
7 FULL NAME: William Damon	13 MAIDEN NAME: Mary L. Watson; PRESENT NAME: Deceased
8 RESIDENCE, NO. Fayville STREET (At time of birth or adoption); CITY OR TOWN Southboro STATE Mass.	14 RESIDENCE, NO. Fayville STREET (At time of birth or adoption); CITY OR TOWN Southboro STATE Mass.
9 COLOR OR RACE White; 10 AGE AT TIME OF BIRTH OR ADOPTION (YEARS)	15 COLOR OR RACE White; 16 AGE AT TIME OF BIRTH OR ADOPTION 36 (YEARS)
11 PLACE OF BIRTH Hanson (City or Town) Mass. (State or Country)	17 PLACE OF BIRTH (City or Town) (State or Country)
12 OCCUPATION Farmer (At time of birth or adoption)	18 OCCUPATION Housewife (At time of birth or adoption)

19 ATTENDANT AT BIRTH OR INFORMANT ..... (Name) (Physician, parent or other, etc.)

ADDRESS NO ..... ST., ... (City or Town)

20 Original Return Received ..... (Month) (Day) (Year)

21 Original Record: Vol. ..... Page ..... No. .....

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the ..... (City or Town) of ..... (Name of City or Town), in accordance with the provisions of Gen. Laws, Chapter 46, Section 13, this 9th day of May 19 62, and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth.

Eleanor F. Burke (Registrar)

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON

The ~~Commonwealth of Massachusetts~~ State of New York }
County of New York } ss.:

The undersigned, being duly sworn, deposes and says that the record relating to the birth of William Stanley Damon (Give name of child exactly as recorded on the original record) in the town (city or town) of Southborough Mass. (Name of city or town) does not fully and correctly state all the facts relating to said birth, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by him (Him or her) on the form of certificate on the other side of this blank.

SIGNATURE	RESIDENCE (City or town, street and number, if any)	Relation to child, if any
John W. Damon	64 Nichs St. Brooklyn 1, N.Y.	Brother

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was: Records of Town of Southborough-marriage of mother 1/27/69

Date, April 11th 1962

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by him are true.

Name Joseph Brill

Official designation .....
(City or town clerk, assistant clerk or registrar)

JOSEPH BRILL
NOTARY PUBLIC, State of New York
No. 60-0418600
Qualified in Westchester County
Commission Expires March 30, 1963

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except by adoption, and further, records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents.

Date of Birth May 12, 1883

#1

AFFIDAVIT TO CORRECT A BIRTH RECORD

I, Annie Eliza Ambler, formerly Annie Eliza Bates, of Bellingham, Norfolk County, Massachusetts, on oath depose and say that my birth record as recorded in the records at the Town Clerk's Office at Southborough is incorrect in that my mother's maiden name is recorded as Annie Maria Felton, when her name actually was Harriet Annie Pennant.

I further state that my mother's correct name is stated in the Church Records of St. Marks Episcopal Church in said Southborough.

IN WITNESS WHEREOF, I set my hand and seal this twenty-second day of January, 1955.

Annie Eliza Ambler

COMMONWEALTH OF MASSACHUSETTS

WORCESTER, SS. January 22, 1955

Before me, personally appeared the above-named Annie Eliza Ambler and made oath that the foregoing statement subscribed to by her is true.

David Rosen

DAVID ROSEN
Notary Public

My commission expires Nov. 9, 1956

FORM R-7

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of change of name of illegitimate persons by court decree or by adoption. See reverse side for affidavit.

50m-(c)-1-45-15510

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH

(City or Town making this return)

Registered No. .....

Deposition No. #1

1 PLACE OF BIRTH: Worcester (County); Southborough (City or Town)

NO. ..... STREET ..... WARD (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD: Francis Joseph Rivers

3 Sex / 3a Color	4 If plural Births	5 Born ALIVE or STILLBORN	6 Date of Birth
3 Sex M 3a Color W	(a) Twin, triplet or other ..... (b) Number, in order of birth		May (Month) 28 (Day) 1884 (Year)

7 FATHER	13 MOTHER
FULL NAME: Joseph Louis Rivers	MAIDEN NAME: Catherine McDonough PRESENT NAME: Catherine Rivers
8 RESIDENCE, NO. ..... STREET (At time of birth or adoption) CITY OR TOWN Southborough STATE Mass.	14 RESIDENCE, NO. ..... STREET (At time of birth or adoption) CITY OR TOWN Southborough STATE Mass.
9 COLOR OR RACE: White 10 AGE AT TIME OF BIRTH OR ADOPTION ..... (Years)	15 COLOR OR RACE: white 16 AGE AT TIME OF BIRTH OR ADOPTION ..... (Years)
11 PLACE OF BIRTH: Canada (City or Town) (State or Country)	17 PLACE OF BIRTH: Southborough (City or Town) (State or Country)
12 OCCUPATION: Shoeworker (At time of birth or adoption)	18 OCCUPATION: at home (At time of birth or adoption)

19 ATTENDANT AT BIRTH OR INFORMANT ..... (Name) (Physician, parent or other, etc.)

ADDRESS NO. ..... ST., ... (City or Town)

20 Original Return Received ..... (Month) (Day) (Year)

21 Original Record: Vol. 2 Page 36 No. 30

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the Town (City or Town) of Southborough (Name of City or Town), in accordance with the provisions of Gen. Laws, Chapter 46, Section 13, this 15 day of June 1953, and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth.

(Registrar)

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts
County of Worcester } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of Francis Rivers (Give name of child exactly as recorded on the original record) in the Town (City or town) of Southborough (Name of city or town), does not fully and correctly state all the facts relating to said birth, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by him (Him or her) on the form of certificate on the other side of this blank.

SIGNATURE	RESIDENCE (City or town, street and number, if any)	Relation to child, if any
SIGN AND RETURN X Francis J. Rivers	X 3 Maple Ave. Natick	

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was:

Certificate of Baptism

Date,

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by him are true.

Name John J. Rabbone

Official designation
(City or town clerk, assistant clerk, or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents.

Immaculate Conception Church

Marlborough Massachusetts

Name of Child Francis Joseph Rowe

Date of Birth May 28, 1884

Date of Baptism June 2, 1884

Name of Father Joseph Louis

Maiden name of Mother Catherine McDonough

Attest: Rev. Henry J. Ewer

Married Grace E. Hedge, Sept 12, 1927, St. Patrick's, Natick

Mr. John J. Raleni

Dear Sir:-

Here is my Baptismal Record.

Will you please straighten out your records and send me my birth certificate.

Thank You.

Please return this Baptismal Certificate with my birth certificate

Yours truly

Francis J. Rivers

3 Maple Ave.

Natick, Mass.

FORM R-7

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of change of name of illegitimate persons by court decree or by adoption. See reverse side for affidavit.

50m-(b)-3-43-11574

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH

(City or Town making this return)

Registered No. .....

Deposition No. #1

1 PLACE OF BIRTH: Worcester (County) — Southborough (City or Town)

NO. Cor. Cordaville Road and Wright's Hill STREET ..... WARD (If birth occurred in a hospital or institution, give its NAME instead of street and number)

That part known as Fayville

2 FULL NAME OF CHILD Ida ~~Georgeanna~~ Rock, should be Ida Viola La Rocque

3 Sex	3a Color	4 If plural Births (a) Twin, triplet or other (b) Number, in order of birth	5 Born ALIVE or STILLBORN	6 Date of Birth (Month) (Day) (Year)
F	W		alive	Jan 24, 1885

7 FATHER	13 MOTHER
FULL NAME: Joseph La Rocque	MAIDEN NAME: Louise Fortier otherwise known "Foster"
	PRESENT NAME: Louise La Rocque
8 RESIDENCE, NO. Cordaville Rd STREET (At time of birth or adoption)	14 RESIDENCE, NO. Cordaville Rd STREET (At time of birth or adoption)
CITY OR TOWN Southborough STATE Mass	CITY OR TOWN Southborough STATE Mass
9 COLOR OR RACE white	10 AGE AT TIME OF BIRTH OR ADOPTION 19 (Years)
	15 COLOR OR RACE white
	16 AGE AT TIME OF BIRTH OR ADOPTION 18 (Years)
11 PLACE OF BIRTH Hudson (City or Town) Mass (State or Country)	17 PLACE OF BIRTH Marlborough (City or Town) Mass (State or Country)
12 OCCUPATION shoeworker (At time of birth or adoption)	18 OCCUPATION housewife (At time of birth or adoption)

19 ATTENDANT AT BIRTH OR INFORMANT Unknown (Name) (Physician, parent or other, etc.)

ADDRESS NO. ..... ST., ... (City or Town)

20 Original Return Received ..... (Month) (Day) (Year)

21 Original Record: Vol. ..... Page ..... No. .....

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the ..... (City or Town) of ..... (Name of City or Town), in accordance with the provisions of Gen. Laws, Chapter 46, Section 13, this 12th day of June 1943, and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth.

Marjorie T. McDonald (Registrar)

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts
County of Middlesex } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of Ida Georgeanna Rock in the town of ~~South~~borough then known as Fayville, Mass
(Give name of child exactly as recorded on the original record) (City or town) (Name of city or town)
does not fully and correctly state all the facts relating to said birth, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by her on the form of certificate
(Him or her)
on the other side of this blank.

SIGNATURE	RESIDENCE (City or town, street and number, if any)	Relation to child, if any
Mabel C. Sheridan	41 Walnut St., Hudson Mass	

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was:
Hudson High School Principal Miss Frances E. Rice letter 5/25/45
Letter of Miss Mary E. Gill, dated May 24, 1945

Date, May 26, 1945

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by her are true.

Name, Herman J. Courtemanche

Official designation, Notary Public
(City or town clerk, assistant clerk, or registrar)

My commission expires Oct. 13, 1950

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents.

CERTIFICATE OF BAPTISM

Extract from the Register of Baptisms in

Church of St. Luke the Evangelist

WESTBOROUGH, MASS., U. S. A.

Person Baptized Ida Georgiana Rocque

Date of Birth Jan. 24, 1885

Place of Birth

Date of Baptism Feb. 1, 1885

Name of Father Joseph Rocque

His Birthplace

Name of Mother Louise Foster
(Before Marriage)

Her Birthplace

Sponsors Louis Lacouture
Ida Foster

Name of Priest
who administered the Baptism J. E. Purcell

Remarks: Family was from Fayville.

I certify that this is a correct extract Vol. I Page 148

DATED AT
CHURCH OF ST. LUKE THE EVANGELIST
WESTBOROUGH, MASS.

SEAL

Given this 24th day of May 1945

Signed

(Rev.) J. E. Doherty Pastor.

ST. JOSEPH'S PROTECTORY PRINT, PITTSBURGH, PA.

137 Manning St.
Hudson, Mass.
May 24, 1945

To Whom It May Concern:

This is to certify that Ida LaRocque and Ida Rock are one and the same person. Her family name LaRocque, like many others of French origin, was shortened and the family was called LaRocque and Rock, the latter more commonly. I knew her parents as Joseph and Louise LaRocque also as Joseph and Louise Rock.

Ida LaRocque or as she then wrote her name Ida Rock was a pupil of mine in the Hudson Public Schools. Because teachers were required to write pupils' names in full in the state register and knowing her name was spelled in two ways I asked her to ask her parents to give her the true spelling and thereafter to write it that way. Her father wrote "LaRocque" as the correct one.

Hoping this will clear away any doubt about the spelling of her name, I am

Respectfully yours,
Mary E. Gill

No. 21 ~~27~~ 29

Commonwealth of Massachusetts.

DEPOSITION

CORRECTING RECORD RELATIVE TO A BIRTH.

(St. 1897, Chap. 444, Sect. 14.)

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

The undersigned on oath depose and say that the record relating to the birth of Emma Louise Wheeler (Name of child.) in the Town (City or town.) of South Boroughs (Name of city or town.), does not fully and correctly state all the facts relating to said birth, and that the following is a true statement of facts omitted or incorrectly stated in said record: —

Date of birth, July 10 - 1892

Name of child, Emma Louise Wheeler

Sex, Female

Color, White

Condition (twin, &c.), -

Place of birth, Southborough

Name of father, Horace E Wheeler

Maiden name of mother, Clara M Newton

Residence of parents, Southborough (at time the birth occurred.)

Occupation of father, Farmer (at time the birth occurred.)

Birthplace of father, Southborough

Birthplace of mother, Southborough

SIGNATURE.	RESIDENCE. (City or town, street and number, if any.)	Relation to child, if any.
Clara M Wheeler	Southborough	Mother

Date, Dec 10 - 1927

Then personally appeared before me the person whose signature appears above and made oath that the statements subscribed to by her are true.

Chas. L. Fairbanks Clerk.
(City or town.)

Recorded

Of Southborough Mass.

Commonwealth of Massachusetts.

No. 7 #1

DEPOSITION

CORRECTING RECORD RELATIVE TO A BIRTH.

(St. 1897, Chap. 444, Sect. 14.)

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

The undersigned on oath depose and say that the record relating to the birth of (Name of child.) in the (City or town.) of (Name of city or town.), does not fully and correctly state all the facts relating to said birth, and that the following is a true statement of facts omitted or incorrectly stated in said record: —

Date of birth, Mar. 16, 1893

Name of child, Louise Mary Zettler

Sex, Female

Color, White

Condition (twin, &c.),

Place of birth, Southboro

Name of father, Benedict Zettler

Maiden name of mother, Agathe Eibeler

Residence of parents, Southboro (at time the birth occurred.)

Occupation of father, Farmer (at time the birth occurred.)

Birthplace of father, Germany

Birthplace of mother, Germany

SIGNATURE.	RESIDENCE. (City or town, street and number, if any.)	Relation to child, if any.
Benedikt Zettler	Marlboro 106 Newton	Father
Agathe Zettler	Marlboro 106 "	Mother

Date, Southborough Nov 12, 1913

Then personally appeared before me the persons whose signatures appear above and made oath that the statements subscribed to by them are true.

Charles H Newton Town Clerk.
(City or town.)

Recorded

Of Southborough Mass.

FORM R-7

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

N.B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office.

See reverse side for affidavit.

25m-9-'37. No. 1859-d.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH

(CITY OR TOWN MAKING THIS RETURN)

Registered No.

Deposition No. #2

1 PLACE OF BIRTH: Worcester (COUNTY), Southborough (CITY OR TOWN)

NO. STREET WARD (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD: Raymond Francis Knowles

3 Sex: male 3a Color: White 4 If plural Births: (a) Twin, triplet or other (b) Number, in order of birth

5 Born ALIVE or STILLBORN: alive

6 Date of Birth: December (MONTH) 31 (DAY) 1893 (YEAR)

7 FATHER	13 MOTHER
FULL NAME: Benjamin Franklin Knowles	MAIDEN NAME: Margaret Susan Livingstone
	PRESENT NAME: Margaret Knowles
8 RESIDENCE, No. STREET	14 RESIDENCE, No. STREET
CITY OR TOWN: Southborough STATE: Mass.	CITY OR TOWN: Southborough STATE: Mass.
9 COLOR OR RACE: White	15 COLOR OR RACE: White
10 AGE AT LAST BIRTHDAY: 20 (YEARS)	16 AGE AT LAST BIRTHDAY: 24 (YEARS)
11 PLACE OF BIRTH: West Newton (CITY OR TOWN), Mass. (STATE OR COUNTRY)	17 PLACE OF BIRTH: Sydney (CITY OR TOWN), Cape Breton (STATE OR COUNTRY), Canada
12 OCCUPATION: Blacksmith	18 OCCUPATION: housewife

19 ATTENDANT AT BIRTH OR INFORMANT: Dr. Robinson (NAME) (PHYSICIAN, PARENT OR OTHER, ETC.)

ADDRESS No. STREET: Southborough, Mass (CITY OR TOWN)

20 Original return received (Month) (Day) (Year)

21 Original Record: Vol. Page No.

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the (City or town) of (Name of city or town), in accordance with the provisions of Gen. Laws, Chapter 46, Section 13, this day of 19, and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth.

(Registrar)

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts
County of Middlesex } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of Francis Raymond Knowles in the town of Southborough,
(Give name of child exactly as recorded on the original record) (City or town) (Name of city or town)
does not fully and correctly state all the facts relating to said birth, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by her on the form of certificate
(Him or her)
on the other side of this blank.

SIGNATURE	RESIDENCE (City or town, street and number, if any)	Relation to child, if any
		Mother
Margaret Knowles	High St. No Billerica, Mass.	Mother

FURTHER, The written evidence submitted to substantiate the affidavit was:
Letter from Superintendant of Schools in Clinton, Mass.

Date, January 18, 1949

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by her are true.

Name Marion D Gould
Official designation Notary Public
(City or town clerk, assistant clerk or registrar)
My Comission expires June 17 1947

NOTARY PUBLIC MASSACHUSETTS

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or have become legitimate by the marriage of their parents.

DEPARTMENT OF PUBLIC SCHOOLS
CLINTON, MASSACHUSETTS

THOMAS F. GIBBONS, SUPERINTENDENT

January 12, 1944

This is to certify that Raymond Knowles entered the Water Street School, Clinton, Mass., on September 4, 1900. His date of birth is given as December 31, 1893, and the family resided at 26 Elm Street, Clinton, Mass., at that time.

This information is taken from the registers of the public schools of Clinton, Mass., for the school year 1900-1901.

SCHOOL DEPARTMENT CLINTON, MASS.

Signed:

Thomas F. Gibbons

Superintendent of Schools

TFG:W

FORM R-7

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of change of name of illegitimate persons by court decree or by adoption.

See reverse side for affidavit.

50m-(b)-3-43-11574

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH

SOUTHBOROUGH (City or Town making this return)

Registered No. .....

Deposition No. #1

1 PLACE OF BIRTH: WORCESTER (County); SOUTHBOROUGH (City or Town)

NO. ..... STREET ..... WARD (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD: CATHERINE FINN

3 Sex / 3a Color	4 If plural Births	5 Born ALIVE or STILLBORN	6 Date of Birth (Month) (Day) (Year)
F	(a) Twin, triplet or other ____ (b) Number, in order of birth ____	Alive	May 23, 1894

7 FATHER	13 MOTHER
FULL NAME: Lawrence Finn	MAIDEN NAME: Annie Moran PRESENT NAME: Annie Finn
8 RESIDENCE, NO. ____ STREET (At time of birth or adoption) CITY OR TOWN Southborough STATE Mass	14 RESIDENCE, NO. ____ STREET (At time of birth or adoption) CITY OR TOWN Southborough STATE Mass.
9 COLOR OR RACE: White 10 AGE AT TIME OF BIRTH OR ADOPTION ____ (Years)	15 COLOR OR RACE: White 16 AGE AT TIME OF BIRTH OR ADOPTION ____ (Years)
11 PLACE OF BIRTH: (City or Town) ____ (State or Country) Ireland	17 PLACE OF BIRTH: (City or Town) ____ (State or Country) Ireland
12 OCCUPATION: Laborer (At time of birth or adoption)	18 OCCUPATION: ____ (At time of birth or adoption)

19 ATTENDANT AT BIRTH OR INFORMANT ____ (Name) (Physician, parent or other, etc.)

ADDRESS NO. ____ ST., ____ (City or Town)

20 Original Return Received ____ (Month) (Day) (Year)

21 Original Record: Vol. ____ Page ____ No. ____

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the Town (City or Town) of Southborough (Name of City or Town), in accordance with the provisions of Gen. Laws, Chapter 46, Section 13, this 23rd. day of May 1949, and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth.

John J. Rabeni
(Registrar)

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts
County of WORCESTER } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of KATIE FINN (Give name of child exactly as recorded on the original record) in the TOWN (City or town) of SOUTHBOROUGH (Name of city or town), does not fully and correctly state all the facts relating to said birth, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by her (Him or her) on the form of certificate on the other side of this blank.

SIGNATURE	RESIDENCE (City or town, street and number, if any)	Relation to child, if any
Catherine Finn		

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was:

CERTIFICATE OF BAPTISM

Date,

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by her are true.

Name John J. Rabeni

Official designation Town Clerk
(City or town clerk, assistant clerk, or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents.

Certificate of Baptism

Church of

St. Anne's

Southboro, Mass.

This is to Certify

That Catherine Finn

Child of Laurence Finn

and Ann Moran

Born in Southboro, Mass on the

23 day of May 1894 was Baptized

on the 27 day of May 1894

According to the Rite of the Roman Catholic Church

by the Rev. W. T. Finneran

the Sponsors being William Courtney

and Catherine Neary

As appears from the Baptismal Register of this Church.

Dated May 15, 1949

Rev. Patrick E. Long Pastor

Harry C. MacMunn Dep.
#2

I, George F. MacMunn,
hereby give oath that Harry C.
MacMunn, my son, was born
July 29. 1894, in Southboro Mass.
Mother's name :- Mary (Boyd)

George F. MacMunn

Suffolk ss. Boston, Mass.
Oct. 15, 1935

Then personally appeared George F. MacMunn
before me, and gave oath that the foregoing
statement is true.

George P. Porter
Notary Public
My com. expires Mar. 20, 1942

GEORGE P. PORTER
NOTARY PUBLIC
COMMONWEALTH OF MASSACHUSETTS
NOTARY PUBLIC

Vol. 2. Births. Page 63.

Cannoni, Victoria Sep-7.

Date of Birth: Aug. 28, 1894
Place " " : Southboro

Name of Father: Cannoni, Louis
" " Mother: (Cavagnini) Julia

Birthplace of Father: Italy
" " Mother: - Italy
Res. of Parents: - Southboro
Occupation of Father: Laborer

* No amendment appears to have been made

Certificate of Baptism

This Certifies

That Victor James Carnoni a Son
of Luigi Carnoni and his wife
Julia Carnoni born on the 28th day of
August 1894 at Southbaro, Mass.

RECEIVED

Christian Baptism

on the 23rd day of March in the year of our Lord 1919
At Chester, Mass.
Urban Henry Layton Pastor.

No.17.N

Crider & Brother, Publishers, York, Pa.

December 14, 1960

Mr. Victor J. Cornoni
P O. Box 198
Chester, Mass.

Dear Mr. Cornoni:

In order for me to issue a new birth certificate, you will have to complete the deposition on the back of the corrected birth record.

If you will return to this office this form with $1. I will send you a corrected certificate by return mail.

Please be sure to have the deposition signed by a Notary Public or Justice of the Peace where checked.

Very truly yours,

EFB:b
enc.

See Over

Chester Mass.
Oct. 18-1960

To Town Clerk;

I am inquiring for birth certicate
I was born in Southborough
August 28-1894
My father was Luigi Comoni
My mother was Giulia Elmira
Caravagnini Comoni
As far as I know I was named
Vitorio Angelo Jacomo Comoni
since I have cut my name
to Victor James Comoni

My address is P.O Box 198
Chester Mass.

Yours truly V.J. Comoni

I am enclosing a money order for
1 dollar

Enclosed is the birth record which appears in our records- you are listed as Victoria ¼--female

If you can obtain a baptismal record with the proper information, you may file an affidavit for correction with me.

Eleonora F. Burke

Eleonora F. Burke, Town Clerk

Please have this money order made out to Town of Southboroug- as you have had it made out to yourself.

Victor James Cornoni

Baptized -

Chester, Mass.
Nov. 18-60

Town Clerk Southboro.

On Nov. 4 I sent you my baptismal certificate along with a Money order for $1. I was wondering if you received it. Would you please look into in to it and if you find my baptismal certificate please send it back with my consented birth certificate.

I need them very much for my retirement.

Thanking you in advance

Yours truly Victor J. Cormier

FORM R-7

WRITE PLAINLY, WITH UNFADING BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON — THIS IS A PERMANENT RECORD

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of change of name of illegitimate persons by court decree or by adoption. See reverse side for affidavit.

25M-4-59-925100

The Commonwealth of Massachusetts
JOSEPH D. WARD
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH

(City or Town making this return)

Registered No. .....

Deposition No. ~~470~~ #3

1 PLACE OF BIRTH: Worcester (County); Southborough (City or Town)

No. ..... STREET ..... WARD (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD: Mark Edward McGrath

3 Sex: M — 3a Color: S — 4 If plural Births: (a) Twin, triplet or other..... (b) Number, in order of birth..... — 5 Born ALIVE or STILLBORN: alive — 6 Date of Birth: September 25, 1894 (Month) (Day) (Year)

FATHER

7 FULL NAME: Michael B. McGrath

8 RESIDENCE, NO. ..... STREET (At time of birth or adoption)
CITY OR TOWN Southborough STATE Mass.

9 COLOR OR RACE: White

10 AGE AT TIME OF BIRTH OR ADOPTION ..... (YEARS)

11 PLACE OF BIRTH: Shrewsbury, Mass. (City or Town) (State or Country)

12 OCCUPATION: Baker (At time of birth or adoption)

MOTHER

13 MAIDEN NAME: Margaret Champagne
PRESENT NAME .....

14 RESIDENCE, NO. ..... STREET (At time of birth or adoption)
CITY OR TOWN Southborough STATE Mass

15 COLOR OR RACE .....

16 AGE AT TIME OF BIRTH OR ADOPTION ..... (YEARS)

17 PLACE OF BIRTH: Leominster, Mass. (City or Town) (State or Country)

18 OCCUPATION ..... (At time of birth or adoption)

19 ATTENDANT AT BIRTH OR INFORMANT ..... (Name) (Physician, parent or other, etc.)

ADDRESS NO. ..... ST., ... (City or Town)

20 Original Return Received ..... (Month) (Day) (Year)

21 Original Record: Vol. ..... Page ..... No. .....

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the Town (City or Town) of Southborough (Name of City or Town), in accordance with the provisions of Gen. Laws, Chapter 46, Section 13, this 6th day of March 19 61, and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth.

Eleanor F. Burke
(Registrar)

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON

The Commonwealth of Massachusetts
County of Worcester } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of Edward McGrath (Give name of child exactly as recorded on the original record) in the Town (city or town) of Southborough (Name of city or town), does not fully and correctly state all the facts relating to said birth, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by him (Him or her) on the form of certificate on the other side of this blank.

SIGNATURE	RESIDENCE (City or town, street and number, if any)	Relation to child, if any
Mark Edward McGrath	6 Walnut St., Spencer, Mass	

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was: Baptismal record, attached

Date, March 6, 1961

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by him are true.

Name Eleanora F Burke

Official designation Town Clerk
(City or town clerk, assistant clerk, or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except by adoption, and further, records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents.

Certificate of Baptism

Church of

St Anne
Southborough Mass

This is to Certify

That Mark Edward McGrath

Child of Michael B. McGrath

and Margaret Champagne

born in _____
(CITY) (STATE)

on the 25. day of Sept. 19 894.

was **Baptized**

on the 4 day of Nov. 19 1894

According to the Rite of the Roman Catholic Church

by the Rev. W. F. Finneran

the Sponsors being { Ed. Gorley
Mary Burns

as appears from the Baptismal Register of this Church.

Dated March 2, 1961.

Henry F. Murphy
Pastor

NO. 314 F. J REMEY CO. INC. N.Y

No. ~~5~~ #1

Commonwealth of Massachusetts.

DEPOSITION

CORRECTING RECORD RELATIVE TO A BIRTH.

(St. 1897, Chap. 444, Sect. 14.)

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

The undersigned on oath depose and say that the record relating to the birth of Walter Burt (Name of child.) in the ~~City~~ Town of Southborough (Name of city or town.) does not fully and correctly state all the facts relating to said birth, and that the following is a true statement of facts omitted or incorrectly stated in said record: —

Date of birth, Jan. 11 1896

Name of child, James Herbert Burt

Sex, Male

Color, White

Condition (twin, &c.), ——

Place of birth, Southborough

Name of father, David Burt

Maiden name of mother, Mary M. (Myers)

Residence of parents, Southborough (at time the birth occurred.)

Occupation of father, Laborer (at time the birth occurred.)

Birthplace of father, Nova Scotia

Birthplace of mother, Nova Scotia

SIGNATURE.	RESIDENCE. (City or town, street and number, if any.)	Relation to child, if any.
David Burt	8 Akam st	Father
Mary M Burt	" "	Mother
		Boston

Date Southboro Sept 30, 1913

Then personally appeared before me the persons whose signatures appear above and made oath that the statements subscribed to by them are true.

Charles H. Newton Town Clerk.
(City or town.)

Recorded

Of Southborough Mass.

Commonwealth of Massachusetts.

No. 23 #2

DEPOSITION

CORRECTING RECORD RELATIVE TO A BIRTH.

(St. 1897, Chap. 444, Sect. 14.)

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

The undersigned on oath depose and say that the record relating to the birth of Ella Adams Johnson (Name of child) in the town (City or town.) of South Borough (Name of city or town.), does not fully and correctly state all the facts relating to said birth, and that the following is a true statement of facts omitted or incorrectly stated in said record: —

Date of birth, June 21, 1895

Name of child, Ella Adams Johnson

Sex,

Color,

Condition (twin, &c.),

Place of birth,

Name of father,

Maiden name of mother,

Residence of parents, (at time the birth occurred.)

Occupation of father, (at time the birth occurred.)

Birthplace of father,

Birthplace of mother,

SIGNATURE.	RESIDENCE. (City or town, street and number, if any.)	Relation to child, if any.
	School St. Westborough	Father
Chas. L. Johnson		

Date, May 30 - 1924

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by him are true.

Chas. L. Fairbanks Clerk.
(City or town.)

Recorded May 30 - 1924

Of South Borough Mass.

Commonwealth of Massachusetts.

No. 25 #3

DEPOSITION

CORRECTING RECORD RELATIVE TO A BIRTH.

(St. 1897, Chap. 444, Sect. 14.)

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

The undersigned on oath depose and say that the record relating to the birth of Leo Ercoli Mattioli (Name of child.) in the Town (City or town.) of Southborough (Name of city or town.), does not fully and correctly state all the facts relating to said birth, and that the following is a true statement of facts omitted or incorrectly stated in said record: —

Date of birth, Sept 21, 1905

Name of child, Leo Ercoli Mattioli

Sex, Male

Color, White

Condition (twin, &c.), Single

Place of birth, Southboro

Name of father Ercoli Mattioli

Maiden name of mother, Rosanna Ferguson

Residence of parents, Southboro. (at time the birth occurred.)

Occupation of father, Mason (at time the birth occurred.)

Birthplace of father, Italy

Birthplace of mother, Ireland.

SIGNATURE.	RESIDENCE. (City or town, street and number, if any.)	Relation to child, if any.
Rosanna Mattioli	Southborough	Mother.

Date, June 30, 1923

Then personally appeared before me the person whose signature appears above and made oath that the statements subscribed to by her are true.

Marjorie F. McDonald Asst Clerk.
(City or town.)

Recorded

Of Southborough, Mass.

FORM R-7

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of change of name of illegitimate persons by court decree or by adoption. See reverse side for affidavit.

50m-(b)-3-43-11574

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH

(City or Town making this return)

Registered No. .....

Deposition No. #1

1 PLACE OF BIRTH: Worcester (County) — Southborough (City or Town)

NO. Cross STREET ..... WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD Mildred Sylvia Johnstone

3 Sex F. 3a Color W. | 4 If plural Births { (a) Twin, triplet or other ..... (b) Number, in order of birth ..... | 5 Born ALIVE or STILLBORN Alive | 6 Date of Birth March 25 1896 (Month) (Day) (Year)

FATHER

7 FULL NAME Ernest Fenwick Johnstone

8 RESIDENCE, NO. Cross STREET (At time of birth or adoption)
CITY OR TOWN Southborough STATE Mass.

9 COLOR OR RACE white | 10 AGE AT TIME OF BIRTH OR ADOPTION 38 (Years)

11 PLACE OF BIRTH Nova Scotia, Can. (City or Town) (State or Country)

12 OCCUPATION lecturer (At time of birth or adoption)

MOTHER

13 MAIDEN NAME Edna Gray
PRESENT NAME Edna Gray Hosmer

14 RESIDENCE, NO. Cross STREET (At time of birth or adoption)
CITY OR TOWN Southborough STATE Mass

15 COLOR OR RACE white | 16 AGE AT TIME OF BIRTH OR ADOPTION 16 (Years)

17 PLACE OF BIRTH Boston Mass. (City or Town) (State or Country)

18 OCCUPATION housewife (At time of birth or adoption)

19 ATTENDANT AT BIRTH OR INFORMANT Dr. Claude P. Jones (Name) (Physician, parent or other, etc.)
ADDRESS NO. Main ST., Southborough, Mass. (City or Town)

20 Original Return Received Sept (Month) 1 (Day) 1896 (Year)

21 Original Record: Vol. 2 Page 67 No. .....

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the ..... (City or Town) of ..... (Name of City or Town), in accordance with the provisions of Gen. Laws, Chapter 46, Section 13, this ..... day of ..... 19..., and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth.

..... (Registrar)

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of ~~Massachusetts~~ California

County of Los Angeles } ss.:

Edna Gray Hosmer, formerly Edna L. Gray Johnstone,

The undersigned, being duly sworn, depose and say that the record relating to the birth of

Marion Johnston in the town of Southborough,

(Give name of child exactly as recorded on the original record) (City or town) (Name of city or town)

does not fully and correctly state all the facts relating to said birth, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by her on the form of certificate

(Him or her)

on the other side of this blank.

SIGNATURE	RESIDENCE (City or town, street and number, if any)	Relation to child, if any
x Edna Gray Hosmer	1308 Ben Lomond Ave., Covina, California	mother

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was: A photograph of said child containing correct name of child in the hand writing of affiant with memo "14months".

Picture and writing inspected by me this 11th day of Sept. 1945 Town Clerk.

Date, September 11th, 1945

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by her are true.

Name [signature]

NOTARY PUBLIC

FOR THE COUNTY OF LOS ANGELES, STATE OF CALIFORNIA

Official designation

~~(City or town clerk, assistant clerk, or registrar)~~

NOTARY PUBLIC

FOR THE COUNTY OF LOS ANGELES, STATE OF CALIFORNIA

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents.

GEORGE N. HARMAN, CLERK

STATE OF VERMONT
RUTLAND COUNTY CLERK'S OFFICE
RUTLAND

October 16, 1945.

Mrs. M. Sylvia Bixby,
1504 West Workman Ave.,
Covina, Calif.

Dear Madam: #6132.- Edna G. Johnstone v. Ernest F. Johnstone.

Yours of the 11th inst., addressed to "Bureau of Vital Statistics, Rutland, Vermont", together with a one dollar bill, was forwarded to this office from the Rutland City Clerk, to whose office the letter was originally delivered.

A divorce was granted to Edna G. Johnstone from Ernest F. Johnstone, on April 5, 1906, in Rutland County Court. In the judgment record of such cause, there appears the following: "That there has been born of said marriage to the said parties the following named child, to wit, Mildred Sylvia Johnstone, born on the 25th day of March, 1896."

The record of this cause is an unusually long one, and we have figured up the cost of the same and find that we can prepare and mail to you a certified copy of such record for $5.68. Since you have already sent $1.00, such certified copy will be made and mailed to you upon receipt of the further sum of $4.68.

It is not possible for us to make a certified copy of an excerpt of the record but must furnish the whole or none at all. Should you not desire such certified copy, kindly let this office know so that we may return your dollar to you.

I will not send this information to "Mrs. Margaret F. McDonald, Town Clerk, Southborough, Mass., until I hear further from you.

Very truly yours,

G. N. Harman

GNH:HP

Rutland County Clerk.

No. 4 #2

Commonwealth of Massachusetts.

DEPOSITION

CORRECTING RECORD RELATIVE TO A BIRTH.

(St. 1897, Chap. 444, Sect. 14.)

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

The undersigned on oath depose and say that the record relating to the birth of John Oscar Zittler (Name of child) in the Town (City or town.) of Southborough (Name of city or town.), does not fully and correctly state all the facts relating to said birth, and that the following is a true statement of facts omitted or incorrectly stated in said record: —

Date of birth, April 18, 1896

Name of child, John Oscar Zettler

Sex, Male

Color, White

Condition (twin, &c.), —

Place of birth, Southborough

Name of father, Benedict Zettler

Maiden name of mother, Agathe Eibeler

Residence of parents, Southborough (at time the birth occurred.)

Occupation of father, Laborer (at time the birth occurred.)

Birthplace of father, Germany

Birthplace of mother, Germany

SIGNATURE.	RESIDENCE. (City or town, street and number, if any.)	Relation to child, if any.
Benedict Zettler	Marlborough Mass.	Father
Agathe Zettler	Marlborough Mass.	Mother

Date, Southborough Nov. 12, 1913

Then personally appeared before me the person s whose signatures appear above and made oath that the statements subscribed to by them are true.

Chas H. Newton Town Clerk.
(City or town.)

Recorded

Of Southborough Mass.

The Commonwealth of Massachusetts

No. 12 #3

DEPOSITION

CORRECTING RECORD RELATIVE TO A BIRTH.

(Revised Laws, Chap. 29.)

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

The undersigned on oath depose and say that the record relating to the birth of Frank Fortini (Name of child.) in the town (City or town.) of Southborough (Name of city or town.) does not fully and correctly state all the facts relating to said birth, and that the following is a true statement of facts omitted or incorrectly stated in said record: —

Date of birth, July 13, 1896

Name of child, Frank Fortini

Sex, Male

Color, White

Condition (twin, &c.), —

Place of birth, Southborough

Name of father, John Fortini

Maiden name of mother, Cesira Govoni

Residence of parents, Southborough (At time the birth occurred.)

Occupation of father, Foreman of laborers (At time the birth occurred.)

Birthplace of father, Italy

Birthplace of mother, Italy

SIGNATURE.	RESIDENCE. (City or town, street and number, if any.)	Relation to child, if any.
John Fortini	Forest Hills Mass. 41 Wenham St.	Father

Date, Southborough

Then personally appeared before me the person whose signature appears above and made oath that the statements subscribed to by him are true.

Charles H. Newton Jr. Clerk.
(City or town.)

Recorded Sept 8 1915 Of Southborough Mass.

Commonwealth of Massachusetts.

No. 2 #4

DEPOSITION

CORRECTING RECORD RELATIVE TO A BIRTH.

(St. 1897, Chap. 444, Sect. 14.)

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

The undersigned on oath depose and say that the record relating to the birth of Ellen Bryan Howes (Name of child.) in the Town (City or town.) of Southborough (Name of city or town.), does not fully and correctly state all the facts relating to said birth, and that the following is a true statement of facts omitted or incorrectly stated in said record: —

Date of birth, Sept. 5, 1896.

Name of child, Ellen Bryan Howes

Sex, Female

Color, White

Condition (twin, &c.),

Place of birth, Southborough, Mass.

Name of father, Seth Henry Howes

Maiden name of mother, Kate Agnes Lavelle

Residence of parents, Southborough Mass. (at time the birth occurred.)

Occupation of father, Business Manager (at time the birth occurred.)

Birthplace of father, Chatham, Mass.

Birthplace of mother, Southborough, Mass.

SIGNATURE.	RESIDENCE. (City or town, street and number, if any.)	Relation to child, if any.
Seth H. Howes	Southborough	Father

Date, Southborough July 5 1907

Then personally appeared before me the person whose signature appears above and made oath that the statements subscribed to by him are true.

Chas. H. Newton Town Clerk.
(City or town.)

Recorded Page 69 of Births for year 1896

Of Southborough Mass.

Commonwealth of Massachusetts.

No. 2 #4

DEPOSITION

CORRECTING RECORD RELATIVE TO A BIRTH.

(St. 1897, Chap. 444, Sect. 14.)

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

The undersigned on oath depose and say that the record relating to the birth of Ellen Bryan Howes (Name of child.) in the town (City or town.) of Southborough (Name of city or town.), does not fully and correctly state all the facts relating to said birth, and that the following is a true statement of facts omitted or incorrectly stated in said record: —

Date of birth, Sept 5 1896

Name of child, Ellen Bryan Howes

Sex, Female

Color, W

Condition (twin, &c.), S.

Place of birth, Southborough

Name of father, Seth Howes

Maiden name of mother, Kate A. Lavelle

Residence of parents, Southborough (at time the birth occurred.)

Occupation of father, Superintendent (at time the birth occurred.)

Birthplace of father, Chatham, Mass.

Birthplace of mother, Southborough,

SIGNATURE.	RESIDENCE. (City or town, street and number, if any.)	Relation to child, if any.
Seth H. Howes	Southborough	Father

Date, August 25. 1900

Then personally appeared before me the person whose signature appears above and made oath that the statements subscribed to by him are true.

Chas. L. Fairbanks Clerk.
(City or town.)

Recorded

Of Southborough Mass.

FORM R-7

WRITE PLAINLY, WITH BLACK RECORD INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

See reverse side for affidavit

4-12-19. 10,000.

1 PLACE OF BIRTH

County of Worcester

City or Town of Southborough

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH

(Issued under the provisions of Revised Laws, Chap. 29, Sec. 14)

Registered No. ..... Deposition No. 1

No. ..... St., ... Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD JOSEPH SOLARI

3 Sex of Child	4 Twin, triplet, or other? (To be answered only in event of plural births)	4a Number in order of birth	5 Born alive or still-born	6 Date of birth (Month) (Day) (Year)
Male			alive	March, 10, 1897

FATHER	MOTHER
7 FULL NAME: Agostino Solari	8 FULL NAME BEFORE MARRIAGE: Giovanna Zani
9 RESIDENCE NO. Cherry ST. (At time the birth occurred) Fayville (City or town)	10 RESIDENCE NO. --- , Cherry ST. (At time the birth occurred) Fayville (City or town)
11 COLOR OR RACE: white; 12 AGE AT LAST BIRTHDAY 35 YEARS (At time the birth occurred)	13 COLOR OR RACE: White; 14 AGE AT LAST BIRTHDAY 37 YEARS (At time the birth occurred)
15 BIRTHPLACE Verzolacca, Italy (City or town) (State or country)	16 BIRTHPLACE Verzolacca, Italy, (City or town) (State or country)
17 OCCUPATION (At time the birth occurred): machine operator	18 OCCUPATION (At time the birth occurred): at home

19 ~~Attendant at birth~~ or informant Mrs. Ermelinda Berry
(If there was no physician or midwife attendant, draw line through "attendant at birth or") (Name) (Physician, midwife, father, or other)
Address No. --- , Cherry St., Fayville. (City or town)

20 Original return received (Month) (Day) (Year)

21 Original Record: Vol. ..... Page ..... No. .....

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the ..... (City or town) of ..... (Name of city or town), in accordance with the provisions of Revised Laws, Chapter 29, Section 14, this ..... day of ..... 19 , and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth.

..... City or town clerk or registrar

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts
County of Worcester } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of Joseph Solari (Give name of child exactly as recorded on the original record) in the Town (City or town) of Southborough (Name of city or town), does not fully and correctly state all the facts relating to said birth, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by her (Him or her) on the form of certificate on the other side of this blank.

SIGNATURE	RESIDENCE (City or town, street and number, if any)	Relation to child, if any
Ernida Berry	Cherry St Southborough.	None

Date,

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by are true.

Name

Official designation

(City or town clerk or assistant clerk, notary public, or other officer authorized to administer oaths for general purposes)

MARGIN RESERVED FOR BINDING

If the record relating to a birth * * * does not contain all the required facts, or is alleged that the facts are not correctly stated therein, the city or town clerk shall receive an affidavit containing the facts required for record, if made by a person who was required by law to furnish the information for the original record, or, at the discretion of the city or town clerk, by one or more credible persons having knowledge of the case. He shall file such affidavit and record it * * * and forthwith, if a copy of the record has been sent to the secretary of the commonwealth, shall forward to the secretary a certified copy of the corrected record * * *. *Rev. Laws, Chap. 29, Sec. 14.*

The Commonwealth of Massachusetts

No. 16 #2

DEPOSITION

CORRECTING RECORD RELATIVE TO A BIRTH.

(Revised Laws, Chap. 29.)

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

The undersigned on oath depose and say that the record relating to the birth of Roger Webster Johnson (Name of child.) in the Town (City or town.) of Southborough (Name of city or town.), does not fully and correctly state all the facts relating to said birth, and that the following is a true statement of facts omitted or incorrectly stated in said record: —

Date of birth, April 12, 1897

Name of child, Roger Webster Johnson

Sex, Male

Color, White

Condition (twin, &c.), Single

Place of birth, Southborough, Mass

Name of father, Charles L. Johnson

Maiden name of mother, Alice B. Rice

Residence of parents, Southborough (At time the birth occurred.)

Occupation of father, Farmer (At time the birth occurred.)

Birthplace of father, Southborough, Mass.

Birthplace of mother, Hopkinton, Mass.

SIGNATURE.	RESIDENCE. (City or town, street and number, if any.)	Relation to child, if any.
Chas. L. Johnson	Southborough	Father
Alice B. Johnson	Southborough	Mother

Date, Southborough April 22, 1918

Then personally appeared before me the persons whose signatures appear above and made oath that the statements subscribed to by them are true.

Charles H. Newton Clerk.
(City or town.)

Recorded

Of Mass.

Commonwealth of Massachusetts.

No. 40 #3

DEPOSITION

CORRECTING RECORD RELATIVE TO A BIRTH.

(St. 1897, Chap. 444, Sect. 14.)

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

The undersigned on oath depose and say that the record relating to the birth of Delina Birri (Name of child.) in the town (City or town.) of South Borough (Name of city or town.), does not fully and correctly state all the facts relating to said birth, and that the following is a true statement of facts omitted or incorrectly stated in said record: —

Date of birth, April 25-1897

Name of child, Delina Birri

Sex, Female

Color, White

Condition (twin, &c.),

Place of birth, South Borough

Name of father Giovanni Birri

Maiden name of mother, Emilinda Ferari

Residence of parents, South Borough (at time the birth occurred.)

Occupation of father, Contractor (at time the birth occurred.)

Birthplace of father, Italy

Birthplace of mother, Italy

SIGNATURE.	RESIDENCE. (City or town, street and number, if any.)	Relation to child, if any.
Emmelinda Birri	South Borough	Mother

Date, October 14 - 1930

Then personally appeared before me the person whose signature appears above and made oath that the statements subscribed to by her are true.

Chas. L. Fairbanks Town Clerk.
(City or town.)

Recorded October 14-1930

Of South Borough Mass.

No. 3 #4

Commonwealth of Massachusetts.

DEPOSITION

CORRECTING RECORD RELATIVE TO A BIRTH.

(St. 1897, Chap. 444, Sect. 14.)

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

The undersigned on oath depose and say that the record relating to the birth of Joseph Perdoni (Name of child.) in the Town (City or town.) of Southborough (Name of city or town.), does not fully and correctly state all the facts relating to said birth, and that the following is a true statement of facts omitted or incorrectly stated in said record: —

Date of birth, May 22. 1897

Name of child, Joseph Perdoni

Sex, M

Color, W

Condition (twin, &c.), —

Place of birth, Southborough

Name of father, Joseph Perdoni

Maiden name of mother, Moruzzi Dominica

Residence of parents, Southborough (at time the birth occurred.)

Occupation of father, Laborer (at time the birth occurred.)

Birthplace of father, Italy

Birthplace of mother, Italy

SIGNATURE.	RESIDENCE. (City or town, street and number, if any.)	Relation to child, if any.

Date, ...

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by ..... are true.

..... *Clerk.*
(City or town.)

Recorded .....

Of ..... Mass.

FORM R-7

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

N.B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office.

See reverse side for affidavit.

20m-10-'38. No. 5193-d

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH

(CITY OR TOWN MAKING THIS RETURN)

Registered No. V-V

Deposition No. #5

1 PLACE OF BIRTH: Worcester (COUNTY); Southboro (CITY OR TOWN); No. Cordaville Road STREET WARD (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD: Mary Frances Bradley

3 Sex: Female 3a Color: White 4 If plural Births: (a) Twin, triplet or other (b) Number, in order of birth 5 Born ALIVE or STILLBORN: Alive 6 Date of Birth: June (MONTH) 3 (DAY) 1897 (YEAR)

7 FATHER	13 MOTHER
FULL NAME: Patrick Joseph Bradley	MAIDEN NAME: Ellen Agnes Colleary PRESENT NAME: Ellen Agnes Bradley
8 RESIDENCE, NO. Cordaville Road STREET (AT TIME OF BIRTH OR ADOPTION) CITY OR TOWN Southboro STATE Mass	14 RESIDENCE, NO. Cordaville Road STREET (AT TIME OF BIRTH OR ADOPTION) CITY OR TOWN Southboro STATE Mass
9 COLOR OR RACE: Irish (white) 10 AGE AT TIME OF BIRTH OR ADOPTION: 32 (YEARS)	15 COLOR OR RACE: Irish (white) 16 AGE AT TIME OF BIRTH OR ADOPTION: 24 (YEARS)
11 PLACE OF BIRTH: Co. Sligo Carrowmurray, (CITY OR TOWN) Ireland (STATE OR COUNTRY)	17 PLACE OF BIRTH: Carra, Co Sligo (CITY OR TOWN) Ireland (STATE OR COUNTRY)
12 OCCUPATION: Farmer (AT TIME OF BIRTH OR ADOPTION)	18 OCCUPATION: Housewife (AT TIME OF BIRTH OR ADOPTION)

19 Attendant at birth or informant: Dr Jones & Mrs Margaret McCarthy (aunt of child)
(NAME) (PHYSICIAN, PARENT OR OTHER, ETC.)

Address No. Boston Road St., Southboro, Mass
(CITY OR TOWN)

20 Original return received July 1, 1897 (MONTH) (DAY) (YEAR)

21 Original Record: Vol. 2 Page 71 No. 23

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the _____ of _____, in accordance with the provisions of Gen. Laws,
(CITY OR TOWN) (NAME OF CITY OR TOWN)

Chapter 46, Section 13, this _____ day of _____ 19____, and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth.

_____
(REGISTRAR)

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts
County of Worcester } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of Mary Frances Bradley (Give name of child exactly as recorded on the original record) in the Town (City or town) of Southbridge, Mass. (Name of city or town), does not fully and correctly state all the facts relating to said birth, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by her (Him or her) on the form of certificate on the other side of this blank.

SIGNATURE	RESIDENCE (City or town, street and number, if any)	Relation to child, if any
Mary F. Possley	40 Wareham St. Springfield Mass.	

FURTHER, The evidence in writing made near the time of birth submitted to substantiate the affidavit was: Baptismal record

Date, July 15, 1942

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by her are true.

Name Marjorie F. [illegible]

Official designation Asst Town Clerk
(City or town clerk, assistant clerk, or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or have become legitimate by the marriage of their parents.

2350 Monroe Street,
Toledo, Ohio
July 11, 1942

To whom it may concern:

Mary Frances Bradley who is now Mrs. John Rosley, was born June 3rd, 1897 in Southboro, Massachusetts. Mary Colleary, her Godmother, was present at Mary Bradley's Baptism, June 12th, 1897.

Respectfully submitted,

Mary Colleary

Mary Colleary.

Sworn to and acknowledged before me a Notary Public in and for Lucas County this 11 day of July - 1942

Wayne M Lindecker

NOTARIAL SEAL LUCAS COUNTY, OHIO

WAYNE M. LINDECKER
Notary Public, Lucas County, Ohio
My Commission Expires May 8, 1943

Commonwealth of Massachusetts.

No. 19 #6

DEPOSITION

CORRECTING RECORD RELATIVE TO A BIRTH.

(St. 1897, Chap. 444, Sect. 14.)

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

The undersigned on oath depose and say that the record relating to the birth of Margaret Barber (Name of child.) in the Town (City or town.) of Southborough (Name of city or town.), does not fully and correctly state all the facts relating to said birth, and that the following is a true statement of facts omitted or incorrectly stated in said record: —

Date of birth, November 12 1897

Name of child, Elizabeth Louise Barber

Sex, Female

Color, White

Condition (twin, &c.), —

Place of birth, Southborough

Name of father, William W. Barber

Maiden name of mother, Florence H. Harmon

Residence of parents, Southborough (at time the birth occurred.)

Occupation of father, Teacher (at time the birth occurred.)

Birthplace of father, Cambridge, Maryland

Birthplace of mother, Camden, Delaware

SIGNATURE.	RESIDENCE. (City or town, street and number, if any.)	Relation to child, if any.
William W. Barber	Southboro	Father
Florence H. Barber	Southboro'	Mother

Date, Southboro Aug. 1, 1918

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by them are true.

Charles H. Newton Clerk.
(City or town.)

Recorded

Of Southborough Mass.

FORM R-7

WRITE PLAINLY, WITH UNFADING BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON — THIS IS A PERMANENT RECORD

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of change of name of illegitimate persons by court decree or by adoption. See reverse side for affidavit.

25M-4-59-925100

The Commonwealth of Massachusetts
JOSEPH D. WARD
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH

.....
(City or Town making this return)

Registered No. .....

Deposition No. #8 #7

1 PLACE OF BIRTH: Worcester (County); Southborough (City or Town)

No. ..... STREET ..... WARD {(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD Mary Justine Saucier

3 Sex / 3a Color	4 If plural Births	5 Born ALIVE or STILLBORN	6 Date of Birth
F	(a) Twin, triplet or other ..... (b) Number, in order of birth	.....	November 20, 1897 (Month) (Day) (Year)

7 FATHER	13 MOTHER
FULL NAME: Leon Saucier	MAIDEN NAME: Mary Thibeault PRESENT NAME: Mary Saucier
8 RESIDENCE, NO. ..... STREET (At time of birth or adoption) CITY OR TOWN Southborough STATE Mass.	14 RESIDENCE, NO. ..... STREET (At time of birth or adoption) CITY OR TOWN Southborough STATE Mass.
9 COLOR OR RACE: White 10 AGE AT TIME OF BIRTH OR ADOPTION ..... (YEARS)	15 COLOR OR RACE: White 16 AGE AT TIME OF BIRTH OR ADOPTION ..... (YEARS)
11 PLACE OF BIRTH: Canada (City or Town) (State or Country)	17 PLACE OF BIRTH: Michigan (City or Town) (State or Country)
12 OCCUPATION: Laborer (At time of birth or adoption)	18 OCCUPATION ..... (At time of birth or adoption)

19 ATTENDANT AT BIRTH OR INFORMANT ..... (Name) (Physician, parent or other, etc.)

ADDRESS NO. ..... ST., ... (City or Town)

20 Original Return Received Jan. 3, 1898 (Month) (Day) (Year)

21 Original Record: Vol. ..... Page ..... No. .....

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the Town (City or Town) of Southborough (Name of City or Town), in accordance with the provisions of Gen. Laws, Chapter 46, Section 13, this 18th day of January 19 60, and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth.

Emma F Burke
(Registrar)

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON

The Commonwealth of Massachusetts
County of Worcester } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of Mary Saucier (Give name of child exactly as recorded on the original record) in the Town (city or town) of Southborough (Name of city or town), does not fully and correctly state all the facts relating to said birth, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by her (Him or her) on the form of certificate on the other side of this blank.

SIGNATURE	RESIDENCE (City or town, street and number, if any)	Relation to child, if any
Mary Justine Saucier Williams	66 Prospect St., Marlboro, Mass.	
Mary Justine Saucier Williams		

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was: Baptismal Record

Date, January 18, 1960

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by her are true.

Name Eleonora F. Burke

Official designation Town Clerk
(City or town clerk, assistant clerk, or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except by adoption, and further, records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents.

Saint Anne's Church
Boston Road
Southborough, Massachusetts

Jan 11, 1960.

This will certify that
Mary Justine Saucier
daughter of
Leo Saucier and
Mary Thibeault
Born Nov. 20. 1897 was
baptized Dec. 5, 1897.
The sponsors
Augustin and
Justine Saucier.
by Rev. James A. O'Malley

Rev. George F. Murphy
Pastor

FORM R-7

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON — THIS IS A PERMANENT RECORD

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of change of name of illegitimate persons by court decree or by adoption.

See reverse side for affidavit.

25M-11-59-926662

The Commonwealth of Massachusetts
JOSEPH D. WARD
SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH

(City or Town making this return)

Registered No. .....

Deposition No. #1 #14

1 PLACE OF BIRTH ..... (County) ..... (City or Town)

No. ..... STREET ..... WARD (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD Anthony Bernesani

3 Sex / 3a Color

4 If plural Births (a) Twin, triplet or other..... (b) Number, in order of birth.....

5 Born ALIVE or STILLBORN

6 Date of Birth January 17, 1898 (Month) (Day) (Year)

FATHER

7 FULL NAME Joseph Bernesani

8 RESIDENCE, NO. ..... STREET (At time of birth or adoption) CITY OR TOWN Southborough STATE Mass.

9 COLOR OR RACE White

10 AGE AT TIME OF BIRTH OR ADOPTION ..... (YEARS)

11 PLACE OF BIRTH ..... Italy (City or Town) (State or Country)

12 OCCUPATION Laborer (At time of birth or adoption)

MOTHER

13 MAIDEN NAME Chiarina Bernisoni
PRESENT NAME .....

14 RESIDENCE, NO. ..... STREET (At time of birth or adoption) CITY OR TOWN Southborough STATE Mass.

15 COLOR OR RACE White

16 AGE AT TIME OF BIRTH OR ADOPTION ..... (YEARS)

17 PLACE OF BIRTH ..... Italy (City or Town) (State or Country)

18 OCCUPATION ..... (At time of birth or adoption)

19 ATTENDANT AT BIRTH OR INFORMANT ..... (Name) (Physician, parent or other, etc.)

ADDRESS NO. ..... ST., ... (City or Town)

20 Original Return Received ..... (Month) (Day) (Year)

21 Original Record: Vol. ..... Page ..... No. .....

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the Town (City or Town) of Southborough (Name of City or Town), in accordance with the provisions of Gen. Laws, Chapter 46, Section 13, this 9th day of May 19 62, and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth.

Clarence F. Burke
(Registrar)

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON

~~The Commonwealth of Massachusetts~~
State of New York
County of New York } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of Tony Barney (Give name of child exactly as recorded on the original record) in the Town (city or town) of Southborough (Name of city or town), does not fully and correctly state all the facts relating to said birth, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by him (Him or her) on the form of certificate on the other side of this blank.

SIGNATURE	RESIDENCE (City or town, street and number, if any)	Relation to child, if any
Anthony Bernasani	1099 1st Avenue New York 21, N.Y.	

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was: Baptismal Record

Date, 5/7/62 May 7th, 1962

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by him are true.

ANTHONY GIAIMO
Notary Public, State of New York
No. 31-6503050
Qualified in New York County
Commission Expires March 30, 1964

Name Anthony Giaimo

Official designation NOTARY PUBLIC
(City or town clerk, assistant clerk, or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except by adoption, and further, records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents.



Going therefore, teach ye all nations; baptizing them in the name of the Father, and of the Son, and of the Holy Ghost. Matt. 28-19

The Holy Sacrament of Baptism

This is to Certify

That Anthony Bernesani

The Son / The ~~Daughter~~ } of Joseph Bernesani

and Chiarina Bernisoni

born in Southborough, Mass. (CITY) on Jan. 17 ~~xx~~ 1898

was Baptized on February 23 1898 in the Church of

St. Anne , Southborough, Massachusetts (CITY)

according to the Rite of the Roman Catholic Church

by Rev. William F. Finneran

Sponsors were Desolato Bessit

and Josephine Merusi

as recorded in the Baptismal Register of this church.

SEAL OF CHURCH

Rev. Henry L. Murphy Pastor

Date April 6, 1962

Symbol—The fishes, or souls of the faithful, seek Baptism at font, then enter basket, or Church.

Form No. 56

© Benziger Brothers, Inc., 1950

Made in U.S.A.

Commonwealth of Massachusetts.

No. 21 #2

DEPOSITION

CORRECTING RECORD RELATIVE TO A BIRTH.

(Revised Laws, Chap. 29.)

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

The undersigned on oath depose and say that the record relating to the birth of Charles Mauro (Name of child.) in the Town of Southborough (City or town.) (Name of city or town.), does not fully (No record to be found on Records for 1898 C.Z.H.) and correctly state all the facts relating to said birth, and that the following is a true statement of facts omitted or incorrectly stated in said record: —

Date of birth, May 25, 1898	Name of father, Pasquale Mauro
Name of child, Charles Mauro	Maiden name of mother, Rachel Gorge
Sex, Male	Residence of parents, Southborough (at time the birth occurred.)
Color, White	Occupation of father, Section hand N.Y.N.H.&H.R.R. (at time the birth occurred.)
Condition (twin, &c.), Single	Birthplace of father, Italy
Place of birth, Southborough, Mass	Birthplace of mother, Italy

SIGNATURE.	RESIDENCE. (City or town, street and number, if any.)	Relation to child, if any.
Pasquale Mauro	Southborough	Father
Rachel her X mark Mauro	Southborough	Mother

Date, Southboro Oct. 24, 1918

Then personally appeared before me the persons whose signatures appear above and made oath that the statements subscribed to by them are true.

Charles H. Newton Jr. Town Clerk
(City or town.)

Recorded

of Southborough Mass.

Commonwealth of Massachusetts.

No. 46 #1

DEPOSITION

CORRECTING RECORD RELATIVE TO A BIRTH.

(St. 1897, Chap. 444, Sect. 14.)

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

The undersigned on oath depose and say that the record relating to the birth of William G. Salmon (Name of child.) in the town (City or town.) of South Borough (Name of city or town.), does not fully and correctly state all the facts relating to said birth, and that the following is a true statement of facts omitted or incorrectly stated in said record: —

Date of birth, February 3- 1899

Name of child, William George Salmon

Sex, Male

Color, White

Condition (twin, &c.), —

Place of birth, South Borough

Name of father Patrick M. Salmon

Maiden name of mother, Delia Agnes Noonan

Residence of parents, South Borough. (at time the birth occurred.)

Occupation of father, Foreman (at time the birth occurred.)

Birthplace of father, South Borough

Birthplace of mother, South Borough

SIGNATURE.	RESIDENCE. (City or town, street and number, if any.)	Relation to child, if any.
Patrick M. Salmon	Lyman St. South Borough.	Father

Date, South Borough Oct. 3-37

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by his are true.

Chas. L. Fairbanks Clerk.
(City or town.)

Recorded

Of South Borough Mass.

Commonwealth of Massachusetts.

No. 1152

DEPOSITION

CORRECTING RECORD RELATIVE TO A BIRTH.

(St. 1897, Chap. 444, Sect. 14.)

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

The undersigned on oath depose and say that the record relating to the birth of ..... (Name of child.) in the ..... (City or town.) of ..... (Name of city or town.), does not fully and correctly state all the facts relating to said birth, and that the following is a true statement of facts omitted or incorrectly stated in said record: —

Date of birth, Oct. 7, 1899

Name of child, Joseph Trevisani

Sex, ...

Color, ...

Condition (twin, &c.), ...

Place of birth, ...

Name of father, ...

Maiden name of mother, ...

Residence of parents, ... (at time the birth occurred.)

Occupation of father, ... (at time the birth occurred.)

Birthplace of father, ...

Birthplace of mother, ...

SIGNATURE.	RESIDENCE. (City or town, street and number, if any.)	Relation to child, if any.

Date, ...

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by ..... are true.

..... *Clerk.*
(City or town.)

Recorded .....

Of ..... Mass.

Commonwealth of Massachusetts.

Suffolk ss. City of Boston.

Affidavit of Birth.

(Under Sec. 14 of Chapter 29 Revised Laws of Mass.)

I, Giovanni Trevisano, of Somerville County of Middlesex and Commonwealt of massachusetts do hereby declare that my son Joseph Trevisano was born in the Town of Southboro County of Worcester in said Commonwealth, on the seve th day of April A.D.1899.; that his mother's name is Maddalena(Ragazzoni, her maiden name) Trevisano; That my business was that of butcher and that my birt place and the birth place of his mother was Italy and we both resided in the said Town of Southboro at the time of the birth of the said male white chil

In witnes whereof I hereto set my hand on this second day of October in the year of our Lord one thousand nine hundred and fourteen.

Giovanni Trevisani

FRANK M. ZOTTOLI COMMONWEALTH OF MASSACHUSETTS NOTARY PUBLIC

Commonealth of Massachusetts.

Suffolk ss. Boston October 2nd., 1914.

Then personally appeared Giovanni Trevisano and made oath that the foregoing statement by him subscribed is true, before me,

Frank M. Zottoli

Notary Public.

FORM R-7

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

N.B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office.

See reverse side for affidavit.

20m-10-'38. No. 5193-d

1 PLACE OF BIRTH

Worcester. (COUNTY)

Southborough (CITY OR TOWN)

NO. ..... STREET ..... WARD (If birth occurred in a hospital or institution, give its NAME instead of street and number)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH

CLINTON (CITY OR TOWN MAKING THIS RETURN)

Registered No. .....

Deposition No. #3

2 FULL NAME OF CHILD JOSEPH TONOLE.

3 Sex male 4 If plural Births (a) Twin, triplet or other ..... (b) Number, in order of birth .....

3a Color Wh

5 Born ALIVE or STILLBORN alive.

6 Date of Birth April 20, 1899. (MONTH) (DAY) (YEAR)

7 FATHER

FULL NAME John Tonole

8 RESIDENCE, NO. ..... STREET (AT TIME OF BIRTH OR ADOPTION)

CITY OR TOWN Southborough STATE Mass.

9 COLOR OR RACE white.

10 AGE AT TIME OF BIRTH OR ADOPTION 26 (YEARS)

11 PLACE OF BIRTH Italy (CITY OR TOWN) (STATE OR COUNTRY)

12 OCCUPATION Laborer. (AT TIME OF BIRTH OR ADOPTION)

13 MOTHER

MAIDEN NAME Mary Bonelli

PRESENT NAME Mary Tonole

14 RESIDENCE, NO. ..... STREET (AT TIME OF BIRTH OR ADOPTION)

CITY OR TOWN Southborough STATE Mass.

15 COLOR OR RACE white.

16 AGE AT TIME OF BIRTH OR ADOPTION 24 (YEARS)

17 PLACE OF BIRTH Italy (CITY OR TOWN) (STATE OR COUNTRY)

18 OCCUPATION Housewife. (AT TIME OF BIRTH OR ADOPTION)

19 Attendant at birth or informant ..... (NAME) (PHYSICIAN, PARENT OR OTHER, ETC.)

Address No. ..... St., ... (CITY OR TOWN)

20 Original return received ..... (MONTH) (DAY) (YEAR)

21 Original Record: Vol. ..... Page ..... No. .....

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the ..... of ....., in accordance with the provisions of Gen. Laws, (CITY OR TOWN) (NAME OF CITY OR TOWN)

Chapter 46, Section 13, this ..... day of ..... 19....., and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth.

..... (REGISTRAR)

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts
County of Worcester } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of Joseph Tonoli (Give name of child exactly as recorded on the original record) in the Town (City or town) of Southborough (Name of city or town), does not fully and correctly state all the facts relating to said birth, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by him (Him or her) on the form of certificate on the other side of this blank.

SIGNATURE	RESIDENCE (City or town, street and number, if any)	Relation to child, if any
Louis R. Tonole	10 High Street, Clinton, Mass.	brother.

FURTHER, The evidence in writing made near the time of birth submitted to substantiate the affidavit was: Naturalization Certificate of father, showing surname to be "Tonole". Certificate No. 1298909, issued by Worcester Mass. Superior Court.

Date, Jan. 12, 1942.

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by him are true.

Name Thomas F. Fallon.

Official designation Town Clerk, Clinton, Mass.
(City or town clerk, assistant clerk, or registrar)

Attest Copy attest
Curtis J. Fairbanks
Town clerk Southborough

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or have become legitimate by the marriage of their parents.

FORM R-7

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

N.B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office.

See reverse side for affidavit.

20m-10-'38. No. 5193-d

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH

Clinton
(CITY OR TOWN MAKING THIS RETURN)

Registered No.

Deposition No.

1 PLACE OF BIRTH: Worcester (COUNTY); Southborough (CITY OR TOWN)

NO. STREET WARD (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD: Joseph Tonole

3 Sex: male
3a Color: wh.
4 If plural Births: (a) Twin, triplet or other; (b) Number, in order of birth
5 Born ALIVE or STILLBORN: alive
6 Date of Birth: April (MONTH) 20, (DAY) 1899 (YEAR)

7 FATHER

FULL NAME: John Tonole

8 RESIDENCE, NO. STREET (AT TIME OF BIRTH OR ADOPTION)
CITY OR TOWN: Southborough STATE: Mass.

9 COLOR OR RACE: White

10 AGE AT TIME OF BIRTH OR ADOPTION: 26 (YEARS)

11 PLACE OF BIRTH: Italy (CITY OR TOWN) (STATE OR COUNTRY)

12 OCCUPATION: Laborer (AT TIME OF BIRTH OR ADOPTION)

13 MOTHER

MAIDEN NAME: Mary Bonelli
PRESENT NAME: Mary Tonole

14 RESIDENCE, NO. STREET (AT TIME OF BIRTH OR ADOPTION)
CITY OR TOWN: Southborough STATE: Mass.

15 COLOR OR RACE: White

16 AGE AT TIME OF BIRTH OR ADOPTION: 24 (YEARS)

17 PLACE OF BIRTH: Italy (CITY OR TOWN) (STATE OR COUNTRY)

18 OCCUPATION: Housewife (AT TIME OF BIRTH OR ADOPTION)

19 Attendant at birth or informant (NAME) (PHYSICIAN, PARENT OR OTHER, ETC.)

Address No. St., (CITY OR TOWN)

20 Original return received (MONTH) (DAY) (YEAR)

21 Original Record: Vol. Page No.

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the (CITY OR TOWN) of (NAME OF CITY OR TOWN), in accordance with the provisions of Gen. Laws, Chapter 46, Section 13, this day of 19, and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth.

(REGISTRAR)

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts }
County of Worcester } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of Joseph Tonoli (Give name of child exactly as recorded on the original record) in the Town (City or town) of Southborough (Name of city or town), does not fully and correctly state all the facts relating to said birth, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by him (Him or her) on the form of certificate on the other side of this blank.

SIGNATURE	RESIDENCE (City or town, street and number, if any)	Relation to child, if any
Louis R. Tonole	10 High Street, Clinton, Mass.	brother

FURTHER, The evidence in writing made near the time of birth submitted to substantiate the affidavit was: Naturalization Certificate of father, showing surname to be "Tonole." Certificate No. 1298909, issued by Worcester, Mass. Superior Court. Date, January 12, 1942.

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by him are true.

A true copy Attest
Thomas F. Fallon Town Clerk

Name Thomas F. Fallon.

Official designation Town Clerk, Clinton, Mass.
(City or town clerk, assistant clerk, or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or have become legitimate by the marriage of their parents.

Commonwealth of Massachusetts.

No. 17

DEPOSITION

CORRECTING RECORD RELATIVE TO A BIRTH.

(St. 1897, Chap. 444, Sect. 14.)

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

The undersigned on oath depose and say that the record relating to the birth of ..... (Name of child.) in the ..... (City or town.) of ..... (Name of city or town.), does not fully and correctly state all the facts relating to said birth, and that the following is a true statement of facts omitted or incorrectly stated in said record: —

Date of birth, April 20, 1899

Name of child, Joseph Tonoli

Sex, ...

Color, ...

Condition (twin, &c.), ...

Place of birth, ...

Name of father, ...

Maiden name of mother, ...

Residence of parents, ... (at time the birth occurred.)

Occupation of father, ... (at time the birth occurred.)

Birthplace of father, ...

Birthplace of mother, ...

SIGNATURE.	RESIDENCE. (City or town, street and number, if any.)	Relation to child, if any.

Date, ...

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by ..... are true.

..... *Clerk.*
(City or town.)

Recorded .....

Of ..... Mass.

No. 9#4

Commonwealth of Massachusetts.

DEPOSITION

CORRECTING RECORD RELATIVE TO A BIRTH.

(St. 1897, Chap. 444, Sect. 14.)

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

The undersigned on oath depose and say that the record relating to the birth of ..... (Name of child.) in the ..... (City or town.) of ..... (Name of city or town.), does not fully and correctly state all the facts relating to said birth, and that the following is a true statement of facts omitted or incorrectly stated in said record: —

Date of birth, Dec. 4, 1899

Name of child, Helen Eugenie Zettler

Sex, Female

Color, White

Condition (twin, &c.), ...

Place of birth, Southboro

Name of father, Benedict Zettler

Maiden name of mother, Agathe Eibeler

Residence of parents, Southboro (at time the birth occurred.)

Occupation of father, Farmer (at time the birth occurred.)

Birthplace of father, Germany

Birthplace of mother, Germany

SIGNATURE.	RESIDENCE. (City or town, street and number, if any.)	Relation to child, if any.
Benedikt Zettler	Marlboro 106 Newton St	Father
Agathe Zettler	Marlboro 106 Newton St	Mother

Date, Southborough Nov 12 1913

Then personally appeared before me the person S whose signature~~s~~ appear above and made oath that the statements subscribed to by them are true.

Chas H. Newton Town Clerk.
(City or town.)

Recorded .....

Of Southborough Mass.

The Commonwealth of Massachusetts

No. 43 #1

DEPOSITION

CORRECTING RECORD RELATIVE TO A BIRTH.

(Revised Laws, Chap. 29.)

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

The undersigned on oath depose and say that the record relating to the birth of James M. Vaughan (Name of child.) in the Town (City or town.) of Southborough (Name of city or town.) does not fully and correctly state all the facts relating to said birth, and that the following is a true statement of facts omitted or incorrectly stated in said record: —

Date of birth, Jan. 7, 1900

Name of child, James M. Vaughan

Sex, Male

Color, White

Condition (twin, &c.), ——

Place of birth, Southborough

Name of father, Daniel M. Vaughan

Maiden name of mother, Elizabeth Hannon

Residence of parents, Southborough (At time the birth occurred.)

Occupation of father, Laborer (At time the birth occurred.)

Birthplace of father, Ireland

Birthplace of mother, England

SIGNATURE.	RESIDENCE. (City or town, street and number, if any.)	Relation to child, if any.
Daniel M. Vaughan	Southborough	Father
Elizabeth Vaughan	Southborough	Mother

Date, Southborough July 10, 1911

Then personally appeared before me the person s whose signature s appear above and made oath that the statements subscribed to by them are true.

Charles H. Newton Jr. Clerk.
(City or town.)

Recorded

Of Mass.

The Commonwealth of Massachusetts

No. 4 #2

DEPOSITION

CORRECTING RECORD RELATIVE TO A BIRTH.

(Revised Laws, Chap. 29.)

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

The undersigned on oath depose and say that the record relating to the birth of Hazel L. O'Leary (Name of child.) in the Town (City or town.) of Southborough (Name of city or town.) does not fully and correctly state all the facts relating to said birth, and that the following is a true statement of facts omitted or incorrectly stated in said record: —

Date of birth, March 9, 1900

Name of child, Hazel L. O'Leary

Sex, Female

Color, White

Condition (twin, &c.), ——

Place of birth, Southborough

Name of father, Harry L. O'Leary

Maiden name of mother, Lunette I. Curtis

Residence of parents, Southborough (At time the birth occurred.)

Occupation of father, Farmer (At time the birth occurred.)

Birthplace of father, Nova Scotia

Birthplace of mother, Southborough

SIGNATURE.	RESIDENCE. (City or town, street and number, if any.)	Relation to child, if any.
Harry L. O'Leary	Southboro	Father
Lunette I. O'Leary	Southboro	Mother

Date, Southborough Nov 9 13

Then personally appeared before me the person whose signature appears above and made oath that the statements subscribed to by them are true.

Charles F. Newton
Southborough Town Clerk.
(City or town.)

Recorded ____

Of ____ Mass.

Commonwealth of Massachusetts.

No. 43 #3

DEPOSITION

CORRECTING RECORD RELATIVE TO A BIRTH.

(St. 1897, Chap. 444, Sect. 14.)

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

The undersigned on oath depose and say that the record relating to the birth of Margaret Catherine Roach (Name of child.) in the town (City or town.) of South Borough (Name of city or town.), does not fully and correctly state all the facts relating to said birth, and that the following is a true statement of facts omitted or incorrectly stated in said record: —

Date of birth, April 20, 1900

Name of child, Margaret Catherine Roach

Sex, Female

Color, Wh

Condition (twin, &c.), —

Place of birth, South Borough

Name of father, Martin Roach

Maiden name of mother, Nora Gilroy

Residence of parents, South Borough (at time the birth occurred.)

Occupation of father, Farmer (at time the birth occurred.)

Birthplace of father, Ireland

Birthplace of mother, Ireland

SIGNATURE.	RESIDENCE. (City or town, street and number, if any.)	Relation to child, if any.
Della E. Roche	South Borough	Sister

Date, July 5 1937

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by her are true.

Chas. L. Sanborn Clerk.
(City or town.)

Recorded July 5 1937

Of South Borough Mass.

X

Commonwealth of Massachusetts.

No. 39 #4

DEPOSITION

CORRECTING RECORD RELATIVE TO A BIRTH.

(St. 1897, Chap. 444, Sect. 14.)

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

The undersigned on oath depose and say that the record relating to the birth of Cornelius Birri (Name of child.) in the Town (City or town.) of South Borough (Name of city or town.), does not fully and correctly state all the facts relating to said birth, and that the following is a true statement of facts omitted or incorrectly stated in said record: —

Date of birth, May 2 — 1900

Name of child, Cornelius Birri

Sex, Male

Color, White

Condition (twin, &c.),

Place of birth, South Borough

Name of father, Giovanni Birri

Maiden name of mother, Emilinda Ferari

Residence of parents, South Borough (at time the birth occurred.)

Occupation of father, Contractor (at time the birth occurred.)

Birthplace of father, Italy

Birthplace of mother, Italy

SIGNATURE.	RESIDENCE. (City or town, street and number, if any.)	Relation to child, if any.
Ermelinda Birri	South Borough	Mother

Date, October 14-1930

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by are true.

Chas. L. Fairbanks Town Clerk.
(City or town.)

Recorded October 14-1930

Of South Borough Mass.